


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 04, 2008 8:00 am**  
**Secretary of State**

03-04-2008 90011 046 \*\*\*\*61.25

**DOCUMENT # N32373**

1. Entity Name  
**SPRUCE CREEK SOUTH HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**17585 SE 102ND AVE 17585 SE 102ND AVE**  
**SUMMERFIELD, FL 34491 US SUMMERFIELD, FL 34491 US**

40037676



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
**2605 SW 33rd Street P.O. Box 2495**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Suite 200**

02122008 Chg-NP CR2E037 (12/06)

City & State City & State  
**Ocala, FL Ocala, FL**

4. FEI Number Applied For  
**59-2990211** Not Applicable

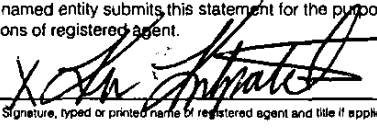
Zip Country Zip Country  
**34471 USA 34478 USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ERP, HARVEY D**  
**17585 SE 102ND AVE**  
**SUMMERFIELD, FL 34491**

7. Name and Address of New Registered Agent  
 Name **Kirkpatrick, Kenneth**  
 Street Address (P.O. Box Number is Not Acceptable) **2605 SW 33rd Street, Suite 200**  
**Ocala**  
 City **FL** Zip Code **34471**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ERP, HARVEY D	
STREET ADDRESS	17585 SE 102ND AVE	
CITY-ST-ZIP	SUMMERFIELD, FL 34491	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ERP, BRENDA J	
STREET ADDRESS	17585 SE 102ND AVE	
CITY-ST-ZIP	SUMMERFIELD, FL 34491	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kirkpatrick, Kenneth	
STREET ADDRESS	2605 SW 33rd St., Suite 200	
CITY-ST-ZIP	Ocala, FL 34471	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Kenneth Kirkpatrick** 2/12/08 352/482-0777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #