

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
**17585 SE 102ND AVE
SUMMERFIELD, FL 34491 US**

Mailing Address
**17585 SE 102ND AVE
SUMMERFIELD, FL 34491 US**

40037676



2. Principal Place of Business - No P.O. Box #
2605 SW 33rd Street

3. Mailing Address
P.O. Box 2495

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.

02122008 Chg-NP CR2E037 (12/06)

City & State
Ocala, FL

City & State
Ocala, FL

4. FEI Number
59-2990211

Applied For
Not Applicable

Zip
34471

Country
USA

Zip
34478

Country
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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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** ☒ Delete
NAME **ERP, HARVEY D**
STREET ADDRESS **17585 SE 102ND AVE**
CITY-ST-ZIP **SUMMERFIELD, FL 34491**

TITLE **D** ☒ Delete
NAME **ERP, BRENDA J**
STREET ADDRESS **17585 SE 102ND AVE**
CITY-ST-ZIP **SUMMERFIELD, FL 34491**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☒ Addition
NAME **Kirkpatrick, Kenneth**
STREET ADDRESS **2605 SW 33rd St., Suite 200**
CITY-ST-ZIP **Ocala, FL 34471**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

[Signature]

Kenneth Kirkpatrick

2/12/08

352/482-0777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #