

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34708

**FILED**  
**Feb 26, 2012**  
**Secretary of State**

**Entity Name:** SPRUCE CREEK RESIDENTS ASSOCIATION, INC.

**Current Principal Place of Business:**

11040 SW 64TH AVE.  
OCALA, FL 34476 US

**New Principal Place of Business:**

**Current Mailing Address:**

11040 SW 64TH AVE.  
OCALA, FL 34476 US

**New Mailing Address:**

**FEI Number:** 59-2990211

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JUNGERS, WILLIAM  
6483 SW 110TH ST  
OCALA, FL 34476 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SIMARD, NORMAND  
Address: 10894 SW 65TH AVE  
City-St-Zip: OCALA, FL 34476

Title: V  
Name: HUTCHINS, CINDY  
Address: 11219 SW 64TH CT  
City-St-Zip: OCALA, FL 34476

Title: S  
Name: MARTIN, AUDREY  
Address: 6535 SW 108TH PLACE  
City-St-Zip: OCALA, FL 34476

Title: T  
Name: JUNGERS, WILLIAM  
Address: 6483 SW 110TH ST  
City-St-Zip: OCALA, FL 34476

Title: D  
Name: MCARTHY, JOAN  
Address: 6253 SW 107TH STREET  
City-St-Zip: OCALA, FL 34476

Title: D  
Name: ANDERSON, PARNELL  
Address: 6500 SW 111TH ST  
City-St-Zip: OCALA, FL 34476

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** WILLIAM J JUNGERS

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02/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date