

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000001199.

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



Principal Place of Business
**321 SPRUCE CREEK DR
TALLAHASSEE, FL 32312 US**

Mailing Address
**321 SPRUCE CREEK DR
TALLAHASSEE, FL 32312**



03102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3320588	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HUTCHESON, DAVID W
321 SPRUCE CREEK DR
TALLAHASSEE, FL 32312**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HUTCHESON, DAVID W
STREET ADDRESS	321 SPRUCE CREEK DR
CITY-ST-ZIP	TALLAHASSEE, FL 32312

TITLE	D
NAME	HUTCHESON, SHEILA L
STREET ADDRESS	321 SPRUCE CREEK DR
CITY-ST-ZIP	TALLAHASSEE, FL 32312

TITLE	D
NAME	ARNOLD, DWIGHT R JR
STREET ADDRESS	320 SPRUCE CREEK DR
CITY-ST-ZIP	TALLAHASSEE, FL 32312

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/18/05-80047-016 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sheila L. Hutcherson

3-17-05 (850) 386-8815