


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90181 032 ****61.25

| | | | |
|--|--|---|--|
| 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 | |
| 2. Principal Place of Business 320 Spruce Creek Dr. | | 3. Mailing Address 320 Spruce Creek Dr. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Talla., FL. | | City & State Tallahassee, FL. | |
| Zip 32312 | | Zip 32312 | |
| Country USA | | Country USA | |
| 4. FEI Number 59-3320588 | | Applied For <input type="checkbox"/> 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 | | 7. Name and Address of New Registered Agent Name Dwight R. Arnold, Jr. Street Address (P.O. Box Number is Not Acceptable) 320 Spruce Creek Dr. City Tallahassee FL Zip Code 32312 | |
| 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 DAVID W. Hutcheson | | 4.25.00 | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HUTCHESON, DAVID W 321 SPRUCE CREEK DR TALLAHASSEE, FL 32312 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Lana Arnold 320 Spruce Creek Dr. Tallahassee, Fla. 32312 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HUTCHESON, SHEILA L 321 SPRUCE CREEK DR TALLAHASSEE, FL 32312 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ARNOLD, DWIGHT R JR 320 SPRUCE CREEK DR TALLAHASSEE, FL 32312 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: Sheila L. Hutcheson | | 4.25.00 (850) 386-8815 | |