

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 14, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000001199**

1. Entity Name

SPRUCE CREEK HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

320 SPRUCE CREEK DR  
TALLAHASSEE, FL 32312 US

Mailing Address

320 SPRUCE CREEK DR  
TALLAHASSEE, FL 32312 US



05032007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3320588

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ARNOLD, DWIGHT R JR  
320 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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000764111  
05/30/07-80042-018 61.25

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

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/07

Date

422-0020

Daytime Phone #