2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

US

US

US

Electronic Signature of Registered Agent

Name and Address of Current Registered Agent:

() Delete

() Delete

() Delete

1998 ROYAL ST. GEORGE CT.

DAYTONA BEACH, FL 32124

DAYTONA BEACH, FL 32124

1786 ROSCOE TURNER DR.

DAYTONA BEACH, FL 32124

FEI Number Applied For ()

DOCUMENT# N94000005854

Current Principal Place of Business:

1190 PELICAN BAY DR

DAYTONA BEACH, FL 32119

Current Mailing Address:

1190 PELICAN BAY DR DAYTONA BEACH, FL 32119

FEI Number: 59-3326961

BARKIN, MICHELE

in the State of Florida.

Name:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Address: City-St-Zip:

1190 PELICAN BAY DRIVE

DAYTONA BEACH, FL 32119

SIGNATURE: KARLA L. BAUMANN

CRAWFORD, TONY

TURNER, BRUCE

45 LAZY EIGHT DR.

KURRLE, ROBERT

OFFICERS AND DIRECTORS:

DS

DVP

FILED Apr 14, 2008 Secretary of State

US

Certificate of Status Desired ()

04/14/2008

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

(X) Change () Addition

() Change () Addition

New Principal Place of Business:

NEW SMYRNA BEACH, FL 32168

NEW SMYRNA BEACH, FL 32168

NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

116 CANAL STREET

New Mailing Address: 116 CANAL STREET

SUITE A

SUITE A

SUITE A

Name:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

D/ST

TURNER, BRUCE

45 LAZY EIGHT DR.

DAYTONA BEACH, FL 32124

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

FEI Number Not Applicable ()

BAUMANN, KARLA

116 CANAL STREET

Entity Name: SPRUCE CREEK CONDOMINIUM HANGARS MANAGEMENT ASSOCIATION, INC.

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119,

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TONY CRAWFORD

Electronic Signature of Signing Officer or Director

P/D

04/14/2008

Date