
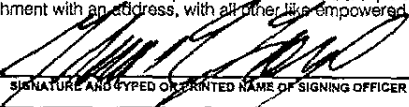


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N95000000359</b>		
1. Entity Name SPRUCE CREEK BUSINESS CENTER PROPERTY OWNERS ASSOCIATION, INC.		
Principal Place of Business 10935 SE 177TH PLACE #305 SUMMERFIELD, FL 34491	Mailing Address 10935 SE 177TH PLACE #305 SUMMERFIELD, FL 34491	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  FH/2, L.L.C. 10935 SE 177TH PLACE #305 SUMMERFIELD, FL 34491		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANE, GLENN E 10935 SE 177TH PLACE, #305 SUMMERFIELD, FL 34491	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD POTAPOW, MIKE 17890 S US HWY. 441 SUMMERFIELD, FL 34491	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEBSTER, SANDRA 10935 SE 177TH PLACE, #305 SUMMERFIELD, FL 34491	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REYES, HEATHER 10935 SE 177TH PLACE #305 SUMMERFIELD, FL 34491	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 empowerers.		
SIGNATURE:  <b>Glenn E Lane, Pres.</b> 4/13/06 352-245-5090 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01092006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-3353755</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

U00000513995  
04/29/06-80151-017 61.25