


FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000001585 (5)**

1. Corporation Name

**SPRUCE CREEK PRESERVE HOMEOWNERS' ASSOCIATION, I
NC.**

Principal Place of Business

Mailing Address

**17585 SE 102 AVE.
SUMMERFIELD FL 34491**

**17585 SE 102 AVE.
SUMMERFIELD FL 34491**

3. Date Incorporated or Qualified

03/17/1997

4. FEI Number

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 8501 SE 140 Lane Road

26 8501 SE 140 Lane Road

Suite, Apt. #, etc

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Summerfield, Florida

28 Summerfield, Florida

Zip

Country

Zip

Country

24 34491

25 USA

29 34491

30 USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEAN, JONATHAN S
DEAN AND DEAN, L.L.P.
230 NE 25 AVE.
OCALA FL 34470**

**81 Name
CORPORATION SERVICE COMPANY
82 Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS street
83
84 City
Tallahassee FL 85 Zip Code
32301**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Dale Morgan
Signature, typed or printed name of registered agent and title if applicable

DALE MORGAN ASST VICE PRESIDENT

5/1/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **DPT**
STREET ADDRESS **ERP, HARVEY D**
CITY-ST-ZIP **17585 SE 102 AVE.
SUMMERFIELD FL 34491**

TITLE ☒ DELETE
NAME **DS**
STREET ADDRESS **ERP, BRENDA**
CITY-ST-ZIP **17585 SE 102 AVE.
SUMMERFIELD FL 34491**

TITLE ☒ DELETE
NAME **DV**
STREET ADDRESS **THOMPSON, JAY**
CITY-ST-ZIP **17585 SE 102 AVE.
SUMMERFIELD FL 34491**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **DP**
1.3 STREET ADDRESS **Jay Thompson**
1.4 CITY-ST-ZIP **8501 SE 140 Lane Road
Summerfield, Florida 34491**

2.1 TITLE ☒ Change ☒ Addition
2.2 NAME **DV**
2.3 STREET ADDRESS **James Ayers**
2.4 CITY-ST-ZIP **8501 SE 140 Lane Road
Summerfield, Florida 34491**

3.1 TITLE ☒ Change ☒ Addition
3.2 NAME **DS**
3.3 STREET ADDRESS **Greg Kelly**
3.4 CITY-ST-ZIP **8501 SE 140 Lane Road
Summerfield, Florida 34491**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **DT**
4.3 STREET ADDRESS **John Ragan**
4.4 CITY-ST-ZIP **8501 SE 140 Lane Road
Summerfield, Florida 34491**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dale Morgan

5/1/98 352-347-0035

DATE

DAYTIME PHONE # 0073405

CR2E037 (10/97)