

3/30/

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 16, 2001 8:00 am**
Secretary of State

03-30-2001 90337 033 ****61.25

DOCUMENT # N97000001585

1. Entity Name

SPRUCE CREEK PRESERVE HOMEOWNERS' ASSOCIATION, I

Principal Place of Business

Mailing Address

11376 SW 136 PL
DUNNELLON FL 34432
US8501 SE 140 LANE RD
SUMMERFIELD FL 34491
US

2. Principal Place of Business

2180 WEST SR 434

3. Mailing Address

2180 WEST SR 434

Suite, Apt. #, etc.

SUITE 5000

Suite, Apt. #, etc.

SUITE 5000

City & State

LONGWOOD FL

City & State

LONGWOOD FL

Zip

32779-5044

Country

US

Zip

32779-5044

Country

US

4. FEI Number

59-3512652

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name **James Hart, Jr.**

Street Address (P.O. Box Number is Not Acceptable)

**Sentry Management
2180 W. State Rd 434, Suite 5000**City **Longwood**

FL

Zip Code **32779**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/01**FILE NOW:
FEE IS \$81.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DV	☒ Delete
NAME	BAUER, JOHN	
STREET ADDRESS	8501 SE 140 LANE RD	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	DP	☒ Delete
NAME	KELLY, GREG	
STREET ADDRESS	8501 SE 140 LANE RD	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	DSOT	☒ Delete
NAME	RAGAN, JOHN	
STREET ADDRESS	8501 SE 140 LANE RD	
CITY-ST-ZIP	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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President D	☐ Change ☒ Addition
NAME	Robert Liotta	
STREET ADDRESS	11376 SW 136th Place	
CITY-ST-ZIP	Dunnellon, FL 34432	
TITLE	Vicepres D	☐ Change ☒ Addition
NAME	Lynda Hendrix	
STREET ADDRESS	11376 SW 136th PL	
CITY-ST-ZIP	Dunnellon, FL 34432	
TITLE	Secretary D	☐ Change ☒ Addition
NAME	Nancy Mariani	
STREET ADDRESS	11376 SW 136th PL	
CITY-ST-ZIP	Dunnellon, FL 34432	
TITLE	Treasurer D	☐ Change ☒ Addition
NAME	Ben Bleckley	
STREET ADDRESS	11376 SW 136th PL	
CITY-ST-ZIP	Dunnellon, FL 34432	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1/18/01 352-291-0427**
Date Daytime Phone #

CR2E037 (10/00)