2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001585

FILED Apr 13, 2006 Secretary of State

Entity Name: SPRUCE CREEK PRESERVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:		
21800 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044 US				2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044 US		
Current Mailing Address:				New Mailing Address:		
21800 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044 US			SUITE	2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044 US		
FEI Number:	: 59-3512652	FEI Number Applied For ()	FEI Number Not	Applicable ()	Certificate of Status Desired ()	
Name and	l Address of (Current Registered Agent:	Name	and Address	of New Registered Agent:	
SENTRY N 2180 WES LONGWO The above	MES W JR MANAGEMEN BT SR 434 STE OD, FL 32779 named entity e of Florida.	5000 US	ourpose of chang	ing its register	ed office or registered agent, or both,	
SIGNATU		. 0				
		nic Signature of Registered Age			Date	
OFFICERS	S AND DIREC	TORS:	ADDI"	TIONS/CHANG	SES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD (HENDRIX, LYN 14160 SW 111 DUNNELLON,	TH CT.	Title: Name: Address City-St-		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (LIOTTA, ROBE 14876 SW 112 DUNNELLON,	TH CIR	Title: Name: Address City-St-		() Change () Addition	
Title: Name: Address: City-St-Zip:	SD (MARIANI, NAN 11518 SW 138 DUNNELLON,	STH PLACE	Title: Name: Address City-St-		() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD (LEBIO, RON 14332 SW 115 DUNNELLON,		Title: Name: Address City-St-		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (JOYCE, O.J. 11299 SW 139 DUNNELLON,		Title: Name: Address City-St-		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (DUNCKER, WI 13808 SW 114 DUNNELLON,	TH CIRCLE	Title: Name: Address City-St-		(X) Change()Addition A, JOHN / 111TH CIR ON, FL 34432	

I hereby certify that the information supplied with this filing does not qualify for the 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: LYNDA L HENDRIX PD 04/13/2006