

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90024 042 ****61.25

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1. Entity Name
**SPRUCE CREEK PRESERVE HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business
2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779-5044 US

Mailing Address
2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779-5044 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03062008 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

**HART, JAMES W JR
SENTRY MANAGEMENT
2180 WEST SR 434 STE 5000
LONGWOOD, FL 32779**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPATZ, MARGIE	
STREET ADDRESS	11736 SW 137TH LP	
CITY-ST-ZIP	DUNNELLON, FL 34432	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIOTTA, ROBERT	
STREET ADDRESS	14876 SW 112TH CIR	
CITY-ST-ZIP	DUNNELLON, FL 34432	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARIANI, NANCY	
STREET ADDRESS	11518 SW 138TH PLACE	
CITY-ST-ZIP	DUNNELLON, FL 34432	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LEBIO, RON	
STREET ADDRESS	14332 SW 115TH CT	
CITY-ST-ZIP	DUNNELLON, FL 34432	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JOYCE, O.J.	
STREET ADDRESS	11299 SW 139TH PLACE	
CITY-ST-ZIP	DUNNELLON, FL 34432	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCKENNA, JOHN	
STREET ADDRESS	13651 SW 111TH CIR	
CITY-ST-ZIP	DUNNELLON, FL 34432	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENDRIX, AARON	
STREET ADDRESS	14160 SW 111TH CT	
CITY-ST-ZIP	DUNNELLON, FL 34432	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, FRANK	
STREET ADDRESS	14119 SW 112TH CIR	
CITY-ST-ZIP	DUNNELLON, FL 34432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352.861.0159
3-18-08