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FILED
Feb 18 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 # **N97000002691 (0)**

1. Corporation Name

FRIENDS OF SPRUCE CREEK PRESERVE, INC.

Principal Place of Business

Mailing Address

**705 E THIRD AVE
NEW SMYRNA BEACH FL 32169**

**705 E THIRD AVE
NEW SMYRNA BEACH FL 32169**

3. Date Incorporated or Qualified

05/08/1997

4. FEI Number

59-3449569

Applied For

Not Applicable

2. Principal Place of Business

21 465 WILDWOOD DR

Suite, Apt. #, etc.

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City & State

23 NEW SMYRNA BEACH FL

Zip **32168**

Country **USA**

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2a. Mailing Address

26 465 WILDWOOD DR

Suite, Apt. #, etc.

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City & State

28 NEW SMYRNA BEACH FL

Zip **32168**

Country **USA**

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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

**HERRIN, BARBARA
705 E THIRD AVE
NEW SMYRNA BEACH FL 32169**

81 Name HERRIN, BARBARA

**82 Street Address (P.O. Box Number is Not Acceptable)
465 WILDWOOD DRIVE**

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84 City NEW SMYRNA BEACH FL

85 Zip Code 32168

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

Barbara Herrin

(NOTE: Registered Agent signature required when reinstating)

DATE **2/8/98**

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **LEPPER, DORIS**
STREET ADDRESS **806 N PENINSULAR AVE**
CITY - ST - ZIP **NEW SMYRNA BCH FL 32169**

TITLE **VTD** ☐ DELETE

NAME **HERRIN, BARBARA**
STREET ADDRESS **465 WILDWOOD DR**
CITY - ST - ZIP **NEW SMYRNA BCH FL 32168**

TITLE **S** ☐ DELETE

NAME **PLASKETT, LYNNE**
STREET ADDRESS **465 WILDWOOD DR**
CITY - ST - ZIP **NEW SMYRNA BCH FL 32168**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE **V, D** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE **S, T** ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

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:

Barbara Herrin

2/8/98 (904) 427-3125

CR2E037 (10/97)