

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N97000001585

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

**FILED**  
**Aug 22, 2018**  
**Secretary of State**  
**CC9200584053**

**Current Principal Place of Business:**

11376 SW 136TH PL  
SUITE 502  
DUNNELLON, FL 34432

**Current Mailing Address:**

11376 SW 136TH PL  
SUITE 502  
DUNNELLON, FL 34432 US

**FEI Number: 59-3512652**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FLORIDIAN PROPERTY MANAGEMENT  
414 OLD HARD ROAD  
SUITE 502  
FLEMING ISLAND, FL 32003 US

*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: KYLE MEAGHER**

**08/22/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name           PERROTTI, JUDITH  
Address        2180 WEST SR 434 STE 5000  
City-State-Zip: LONGWOOD FL 32779

Title            VP, DIRECTOR  
Name           WITTLING, COLLEEN  
Address        2180 WEST SR 434 STE 5000  
City-State-Zip: LONGWOOD FL 32779

Title            SECRETARY, DIRECTOR  
Name           GARNER, HEATHER  
Address        2180 WEST SR 434 STE 5000  
City-State-Zip: LONGWOOD FL 32779

Title            TREASURER, DIRECTOR  
Name           SMITH, LINDA  
Address        2180 WEST SR 434 STE 5000  
City-State-Zip: LONGWOOD FL 32779

Title            ASSISTANT SECRETARY, DIRECTOR  
Name           PAOLILLO, ROBERT  
Address        2180 WEST SR 434 STE 5000  
City-State-Zip: LONGWOOD FL 32779

Title            DIRECTOR  
Name           KIRSCH, WILLIAM  
Address        2180 WEST SR 434 STE 5000  
City-State-Zip: LONGWOOD FL 32779

Title            DIRECTOR  
Name           BOBBY "NICK", WEAVER  
Address        2180 WEST SR 434 STE 5000  
City-State-Zip: LONGWOOD FL 32779

*I hereby 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 all other like empowered.*

**SIGNATURE: JUDITH PERROTTI**

**PRESIDENT**

**08/22/2018**

