

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001585

Entity Name: SPRUCE CREEK PRESERVE HOMEOWNERS' ASSOCIATION, INC.**FILED**
Mar 22, 2014
Secretary of State
CC2914912057**Current Principal Place of Business:**2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779**Current Mailing Address:**2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US**FEI Number: 59-3512652****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HART, JAMES W. JR.
SENTRY MANAGEMENT
2180 WEST SR 434 STE 5000
LONGWOOD, FL 32779 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: JAMES W HART JR****03/22/2014**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT, DIRECTOR
Name HOAGESON, DON
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779**Title** VP, DIRECTOR
Name WEAVER, NICK
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779**Title** SECRETARY, DIRECTOR
Name WITTLING, COLLEEN
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779**Title** TREASURER, DIRECTOR
Name SAUNDERS, RICH
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779**Title** DIRECTOR
Name ABBOTT, MIKE
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779**Title** ASST. SECRETARY, DIRECTOR
Name BROWN, JUDY
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779**Title** DIRECTOR
Name PAOLILLO, ROBERT
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779**Title** DIRECTOR
Name HAMMOND, MARY LOU
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779**Continues on page 2**

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: DON HOAGESON**PRESIDENT****03/22/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	JOYCE, O.J.
Address	2180 WEST SR 434 STE 5000
City-State-Zip:	LONGWOOD FL 32779