

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. McRtham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N29568 (5)**

1. Corporation Name
DEER CREEK COMMUNITY ASSOCIATION, INC.



Principal Place of Business: **CONDOMINIUM MANAGEMENT, INC. 1801 GLENGARY STREET SARASOTA FL 34231-3603 US**
Mailing Address: **CONDOMINIUM MANAGEMENT, INC. 1801 GLENGARY STREET SARASOTA FL 34231-3603 US**

3. Date Incorporated or Qualified: **12/06/1988**
3a. Date of Last Report: **04/21/1995**

2. Principal Place of Business
21. **Lighthouse Management**
22. **16 Church St.**
23. **Osprey, FL**
24. **FL 34229**
25. **US**
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27. **16 Church St.**
28. **Osprey, FL**
29. **34229**
30. **US**

4. FEI Number: **65-0104143**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
CONDOMINIUM MANAGEMENT, INC. 1801 GLENGARY STREET SARASOTA FL 34231

10. Name and Address of New Registered Agent
81. Name: **Lighthouse Management & Realty**
82. Street Address (P.O. Box Number is Not Acceptable): **16 Church Street**
83.
84. City: **Osprey**
85. Zip Code: **FL 34229**

11. Pursuant to the provisions of Sections 617.0602 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. I hereby accept the appointment as registered agent. I am

SIGNATURE: *[Signature]*
Signature typed or printed name of registered agent and title if applicable: **4-3-96**

12. OFFICERS AND DIRECTORS

TITLE	PD	NAME	SUPRINA, DR. RICHARD	STREET ADDRESS	4728 WHITE TAIL LANE	CITY-ST-ZIP	SARASOTA FL
TITLE	VD	NAME	CUFFARO, JOSEPH	STREET ADDRESS	8459 WOODBRIAR DRIVE	CITY-ST-ZIP	SARASOTA FL
TITLE	SD	NAME	LANTHIER, MIRIAM E.	STREET ADDRESS	4750 ANTLER TRAIL	CITY-ST-ZIP	SARASOTA FL
TITLE	TD	NAME	KALBERMAN, HARRY M.	STREET ADDRESS	8142 SHADOW PINE WAY	CITY-ST-ZIP	SARASOTA FL
TITLE	D	NAME	FREEMAN, GEORGE	STREET ADDRESS	8499 WOODBRIAR DR	CITY-ST-ZIP	SARASOTA FL
TITLE	D	NAME	KINGMA, JOHN	STREET ADDRESS	8278 CYPRESS HOLLOW DR	CITY-ST-ZIP	SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	1.2 NAME	SUPRINA, DR. RICHARD	1.3 STREET ADDRESS	4728 White Tail Lane	1.4 CITY-ST-ZIP	SARASOTA, FL
2.1 TITLE	VD	2.2 NAME	MASON, MARK	2.3 STREET ADDRESS	8400 Woodbriar Dr	2.4 CITY-ST-ZIP	SARASOTA, FL
3.1 TITLE	D	3.2 NAME	Lanthier, Miriam E.	3.3 STREET ADDRESS	4750 Antler Trail	3.4 CITY-ST-ZIP	SARASOTA, FL
4.1 TITLE	PD	4.2 NAME	Kalberman, Harry	4.3 STREET ADDRESS	8142 Shadow Pine Way	4.4 CITY-ST-ZIP	SARASOTA, FL
5.1 TITLE	TD	5.2 NAME	ROCCA, JOHN	5.3 STREET ADDRESS	4712 White Tail Lane	5.4 CITY-ST-ZIP	SARASOTA, FL
6.1 TITLE	SD	6.2 NAME	Cunningham, Jack	6.3 STREET ADDRESS	4615 Deer Trail Blvd	6.4 CITY-ST-ZIP	SARASOTA, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Harry Kalberman**
Date: **3/20/06** Daytime Phone #: **9419666844**

CR2E037 (12/95)