


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90135 021 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # N29568**

1. Corporation Name  
**DEER CREEK COMMUNITY ASSOCIATION, INC.**

Principal Place of Business 16 CHURCH ST OSPREY FL 34229 US	Mailing Address C/O ADVANCED MANAGEMENT OF SW FLORIDA, INC 5899 WHITFIELD AVENUE, SUITE 107 SARASOTA FL 34243
--	--



2. Principal Place of Business 21 <i>c/o Advanced Management</i> Suite, Apt. #, etc. 22 <i>Suite 107</i> City & State 23 <i>Sarasota Florida</i> Zip Country 24 <i>34243</i> 25 <i>Sarasota</i>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	3. Date Incorporated or Qualified 12/06/1988	4. FEI Number 65-0104143 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
--	---	---	--	---	--

9. Name and Address of Current Registered Agent

**ADVANCED MANAGEMENT OF SW FLORIDA INC**  
**5899 WHITFIELD AVENUE**  
**SUITE #107**  
**SARASOTA FL 34243**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	VANSCHOOR, JOHN	
STREET ADDRESS	8539 WOODBRIAR DRIVE	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HALFAST, CHUCK	
STREET ADDRESS	8407 CYPRESS HOLLOW DRIVE	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	DOERY, FRED	
STREET ADDRESS	8575 WOODBRIAR DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TEKAMPE, FLOYD	
STREET ADDRESS	8676 WOODBRIAR DRIVE	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MENTZ, PHIL	
STREET ADDRESS	8683 WOODBRIAR DRIVE	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KAMMON, IRVING	
STREET ADDRESS	8326 SHADOW PINE WAY	
CITY-ST-ZIP	SARASOTA FL 34238	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	leo Slack	
1.3 STREET ADDRESS	4700 White Tail lane	
1.4 CITY-ST-ZIP	Sarasota, FL 34238	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Robert Ellis	
3.3 STREET ADDRESS	4474 Deer Creek Blvd	
3.4 CITY-ST-ZIP	Sarasota, FL 34238	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Leslie Gardier	
4.3 STREET ADDRESS	8443 Cypress Hollow Dr	
4.4 CITY-ST-ZIP	Sarasota, FL 34238	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Thomas Holland	
5.3 STREET ADDRESS	4455 White Cedar Trail	
5.4 CITY-ST-ZIP	Sarasota, FL 34238	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Frank Coleman	
6.3 STREET ADDRESS	8037 Bobcat Circle	
6.4 CITY-ST-ZIP	Sarasota, FL 34238	

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, with all other like empowered.

SIGNATURE: *Charles L Halfast* **CHARLES L HALFAST** 3/26/99 941 923 4095  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0068340

CR2E037-11/198