


FILE NOW: FILING FEE IS \$61.25

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Apr 22, 1999 8:00 am
Secretary of State

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

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris 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		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Adv Advanced Management		26		12/06/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suite 107		27		65-0104143	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Sarasota Florida		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution	
24 34243		25 Sarasota		29	
26		30		31	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
ADVANCED MANAGEMENT OF SW FLORIDA INC 5899 WHITFIELD AVENUE SUITE #107 SARASOTA FL 34243			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VPD
NAME	VANSCHOOR, JOHN	1.2 NAME	leo Slack
STREET ADDRESS	8539 WOODBRIAR DRIVE	1.3 STREET ADDRESS	4700 WhiteTail lane
CITY-ST-ZIP	SARASOTA FL 34238	1.4 CITY-ST-ZIP	Sarasota, FL 34238
TITLE	PD	2.1 TITLE	PD
NAME	HALFAST, CHUCK	2.2 NAME	
STREET ADDRESS	8407 CYPRESS HOLLOW DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34238	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	SD
NAME	DOERY, FRED	3.2 NAME	Robert Ellis
STREET ADDRESS	8575 WOODBRIAR DRIVE	3.3 STREET ADDRESS	4474 Deer Creek Blvd
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Sarasota, FL 34238
TITLE	TD	4.1 TITLE	D
NAME	TEKAMPE, FLOYD	4.2 NAME	leslie Gardier
STREET ADDRESS	8676 WOODBRIAR DRIVE	4.3 STREET ADDRESS	8443 Cypress Hollow Dr
CITY-ST-ZIP	SARASOTA FL 34238	4.4 CITY-ST-ZIP	Sarasota, FL 34238
TITLE	P	5.1 TITLE	D
NAME	MENTZ, PHIL	5.2 NAME	Thomas Holland
STREET ADDRESS	8683 WOODBRIAR DRIVE	5.3 STREET ADDRESS	4455 White Cedar Trail
CITY-ST-ZIP	SARASOTA FL 34238	5.4 CITY-ST-ZIP	Sarasota, FL 34238
TITLE	D	6.1 TITLE	D
NAME	KAMMON, IRVING	6.2 NAME	Frank Coleman
STREET ADDRESS	8326 SHADOW PINE WAY	6.3 STREET ADDRESS	8037 Bobcat Circle
CITY-ST-ZIP	SARASOTA FL 34238	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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES L HALFAST
 DATE

DATE

3/26/99
 Daytime Phone #

941 923 4095

CR2E037-11/198