

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90110 029 ****61.25

DOCUMENT # N29568

1. Entity Name

DEER CREEK COMMUNITY ASSOCIATION; INC.

Principal Place of Business

**C/O ADVANCED MANAGEMENT
 STE 107
 SARASOTA FL 34243
 US**

Mailing Address

**5899 WHITFIELD AVENUE
 SUITE 107
 SARASOTA FL 34243
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0104143

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VPD
 SLACK, LEO
 4700 WHITE TAIL LANE
 SARASOTA FL 34238** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**Gerald Addico II
 4617 Deer Creek Blvd
 Sarasota, FL 34238** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 HALFAST, CHUCK
 8407 CYPRESS HOLLOW DRIVE
 SARASOTA FL 34238** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SD
 LANTHIER, MARIAN
 4750 ANTLER TRAIL
 SARASOTA FL 34238** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SD
 Rebecca Koehler
 8145 Shadow Pine Way
 Sarasota FL 34238** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TD
 THOMAS, FREU
 4729 WHITE TAIL LANE
 SARASOTA FL 34238** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**Thomas Frey
 4739 WHITE TAIL LANE** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 MENTZ, PHIL
 8683 WOODBRIAR DRIVE
 SARASOTA FL 34238** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 COOPER, IRWIN
 8146 SHADOW PINE WAY
 SARASOTA FL 34238** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VPD ☒ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-00

941-923-4095

Date

Daytime Phone #

CR2E037 (10/00)