## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # N29568**

1. Entity Name

DEER CREEK COMMUNITY ASSOCIATION, INC.



**FILED** Mar 10, 2003 8:00 am Secretary of State

03-10-2003 90787 027 \*\*\*\*61.25

Principal Plac	ce of Business		Mailing Address						
C/O ADVANCED MGMT INC OF SW FLORIDA 9031 TOWN CENTER PARKWAY BRADENTON FL 34202 US			C/O ADVANCED MGMT INC OF SW FLORIDA 9031 TOWN CENTER PARKWAY BRADENTON FL 34202 US					AL SESSE AL SES	
2. Principal Place of Business			3. Mailing Address				il dien bien bien		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State		4. FEI Number 6	5-0104143	<u> </u>	oplied For	7
Zip		Country	Zip	Country	5. Certificate of S	Status Desired	\$8.75 Add	ditional	1
6. Name and Address of Current F			Registered Agent		7. Name and Ad	dress of New Registe	•		1
	0		- regional regions	Name	1. Hamo and Ha	urces of their fregions	rou Agont		1
	ED MANAGEN IIT#IELD AVEN	IENT OF SW FLORI	DA INC	NulumA Street Address	ss (P.O. Box Number is	Not Acceptable)			
SUITE A		WAYA	TOWN CONTON A TOWN, FR 397	02					
					1		FL Zip Code		
	e named entity s tions of registers		or the purpose of changing its	registered office or regis	stered agent, or both, in	the State of Florida. I	am familiar with,	and accept	
		140	10		2	1910			
SIGNATURE .	Signature, typed or p	privited name of registered agent	and title if applicable. (NOTI		uired when reinstating)	$\frac{\iota}{\iota}$	ATE		
		<del>/                                    </del>		<del></del>					1
ı	FILE NOW:	EE IS \$61.25	9. Election Car Trust Fund C	npaign Financing contribution,	\$5.00 May Be Added to Fees		neck Payable partment of S		
10.		OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AN	D DIRECTORS IN	10	1
TITLE	VD		☐ Delete	TITLE			☐ Change	☐ Addition	1
NAME	SPAY, MARY	ANN D	C Delete	NAME			Citange		5
STREET ADDRESS		SS HOLLOW DR							
CITY-ST-ZIP	SARASOTA			STREET ADDRESS					,
		FL 34238		STREET ADDRESS CITY-ST-ZIP					E037 (
TITLE	PD		☐ Delete	CITY-ST-ZIP	D		Change	☐ Addition	POEDS7 /
NAME	PD GRAUGAARI	), JORGEN	☐ Delete	CITY-ST-ZIP	D ====0	CI SOAI	Change	☐ Addition	CROED37 (
NAME STREET ADDRESS	PD GRAUGAARI 8347 CYPRE	), JORGEN SS HOLLOW DR	☐ Delete	CITY-ST-ZIP	D SANEP	GL98N	Change	☐ Addition	CBOED37 (
NAME STREET ADDRESS CITY-ST-ZIP	PD GRAUGAARI 8347 CYPRE SARASOTA I	), JORGEN SS HOLLOW DR		CITY-ST-ZIP	D SAWEP	SISON			CB2E037 (
NAME STREET ADDRESS CITY-ST-ZIP	PD GRAUGAARI 8347 CYPRE SARASOTA I SD	), Jorgen SS Hollow DR FL 34238	☐ Delete☐ Delete☐ Delete☐ Delete☐ Delete☐ Delete☐ Delete	CITY-ST-ZIP	SANEP GEORGE	GLSON ULRICH	Change	Addition	CROENST
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD GRAUGAARI 8347 CYPRE SARASOTA I SD URRICH, GE	), Jorgen SS Hollow DR FL 34238		CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	SANEP GEORGE	SLSON ULRICH OSUSON	Change		CB2E037 /
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD GRAUGAARI 8347 CYPRE SARASOTA I SD URRICH, GE 4472-DEER SARASOTA I	), JORGEN SS HOLLOW DR FL 34238 ROGE TRAIL-BLVD		CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	SANEP GEORGE	SLADN ULRICH PENSON LLT SPEIL	Change		CB2E037
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD GRAUGAARI 8347 CYPRE SARASOTA SD URRICH, GE 4472-DEER SARASOTA TD THOMAS, FF 4739 WHITE SARASOTA	D, JORGEN SS HOLLOW DR FL 34238  ROGE FRAIL-BLVD FL 34238  REY TAIL LANE	☐ Delete	CHY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CHY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CHY-ST-ZIP  TITLE  NAME  NAME  STREET ADDRESS  CHY-ST-ZIP	SANEP GEORGE	SLOON VLRICH PENSON VLLI SPEIL	Change	☐ Addition	CBOEGG7
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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.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

SARGEANT, CHUCK

8687 WOODBRIDGE DE

SARASOTA FL 34238

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

☐ Addition