

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N29023 (1)**

1. Corporation Name

**DEER CREEK VILLAGE HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

**2180 W. STATE ROAD 434, SUITE #5000  
LONGWOOD FL 32779**

Mailing Address

**2180 W. STATE ROAD 434, SUITE #5000  
LONGWOOD FL 32779**



3. Date Incorporated or Qualified  
**10/26/1988**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-2914671**

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

23

6. Election Campaign Financing  
Trust Fund Contribution

☐

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

24

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HART, JAMES W., JR.  
2180 W. STATE ROAD 434, SUITE #5000  
LONGWOOD FL 32779**

81 Name

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

83

84 City

**FL**

85 Zip Code

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 ☐ DELETE  
NAME KNEESSI, DENNIS M SR  
STREET ADDRESS 5027 DELVIN CT  
CITY-ST-ZIP ORLANDO FL

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME FUNSTON, CHARLOTTE  
1.3 STREET ADDRESS 5402 DEER CREEK DR  
1.4 CITY-ST-ZIP ORLANDO FL 32821

TITLE VD ☐ DELETE  
NAME SILVER, JOE  
STREET ADDRESS 12130 DICKENSON LN  
CITY-ST-ZIP ORLANDO FL

2.1 TITLE D ☐ Change ☒ Addition  
2.2 NAME FREEMAN, DENISE  
2.3 STREET ADDRESS 5415 DORRINGTON LANE  
2.4 CITY-ST-ZIP ORLANDO, FL 32821

TITLE SD ☐ DELETE  
NAME SILVER, ANN  
STREET ADDRESS 12130 DICKENSON LN.  
CITY-ST-ZIP ORLANDO FL

3.1 TITLE D ☐ Change ☒ Addition  
3.2 NAME FUENTE, RONALD  
3.3 STREET ADDRESS 5644 DEEPPDALE DR  
3.4 CITY-ST-ZIP ORLANDO FL 32821

TITLE TD ☐ DELETE  
NAME LOUCKS, ROBERT  
STREET ADDRESS 5353 DEER CREEK DR.  
CITY-ST-ZIP ORLANDO FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME RATTON, ROBERT  
STREET ADDRESS 5415 DORRINGTON LANE  
CITY-ST-ZIP ORLANDO FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME ZANFARDINO, GERALD  
STREET ADDRESS 5011 DYER COURT  
CITY-ST-ZIP ORLANDO FL

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: *Dennis M. Kneessi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-29-96** Daytime Phone #: **238-0393**

CR2E037 (12/95)