

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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 32778	Mailing Address 2180 W. STATE ROAD 434, SUITE #5000 LONGWOOD FL 32778-5044
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3. Date Incorporated or Qualified 10/26/1988	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	4. FEI Number 59-2914671	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 32778

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

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 NAME STREET ADDRESS CITY - ST - ZIP	PD KNEESSI, DENNIS M SR 5027 DELVIN CT ORLANDO FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	VD SCHUCHMAN, JOYCE 5712 DONNELLY CIR ORLANDO FL 32821 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SILVER, JOE 12130 DICKENSON LN ORLANDO FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VD MCMILLAN, BILL 5071 DONNELLY CIR ORLANDO FL 32821 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SILVER, ANN 12130 DICKENSON LN. ORLANDO FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	TD FUENTES, DENISE 5644 DEEPDALE DR ORLANDO FL 32821 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LOUCKS, ROBERT 5353 DEER CREEK DR. ORLANDO FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	D WESTOR, TOM 12244 DICKENEON LN ORLANDO FL 32821 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FUNSTON, CHARLOTTE 5402 DEER CREEK DR ORLANDO FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	SD PERILLO, LINDA 5729 DELANO LN ORLANDO FL 32821 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FREEMOAN, DENIS 5415 DORRINGTON LANE ORLANDO FL <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	D SIVACEK, PAUL 5339 DESMOND LN ORLANDO FL 32821 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.04(3)(ii), 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:

Sheila C. Sogge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0014958

3/18/97

CR2E037 (9/96)

DEER CREEK VILLAGE HOMEOWNERS' ASSOCIATION, INC.

1997 ADDITIONAL OFFICERS AND DIRECTORS

7.1	TITLE	D
7.2	NAME	SOGGEE, SHELIA
7.3	STREET ADDRESS	5809 DONNELLY CIR
7.4	CITY-ST-ZIP	ORLANDO FL 32821

8.1	TITLE	D
8.2	NAME	HARVELL, CHARLIE
8.3	STREET ADDRESS	5597 DONNELLY CIR
8.4	CITY-ST-ZIP	ORLANDO FL 32821