


FILE NOW: FILING FEE IS \$61.25

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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90020 044 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N29023					
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		



2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/26/1988	
				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	
9. Name and Address of Current Registered Agent HART, JAMES W., JR. 2180 W. STATE ROAD 434, SUITE #5000 LONGWOOD FL 32779				10. Name and Address of New Registered Agent	
				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 date of appointment.

Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNEESSI, DENNIS M SR	1.2 NAME	
STREET ADDRESS	5027 DELVIN CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABDALLA, VALERIE	2.2 NAME	
STREET ADDRESS	5028 DELVIN CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32821	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINKLER, DEBBIE	3.2 NAME	WINKER, DEBBIE
STREET ADDRESS	5111 DORRINGTON LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32821	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAHRA, TONY	4.2 NAME	
STREET ADDRESS	5500 DELANO LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32821	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCAS, JAMES	5.2 NAME	
STREET ADDRESS	5422 DEEPPDALE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32821	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIMINDER, RUSSELL	6.2 NAME	
STREET ADDRESS	5409 DORRINGTON LN	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32821	6.4 CITY-ST-ZIP	

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

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

Date

Daytime Phone #

CR2E037 (11/98)

475781-90020-44

N29023

DEER CREEK VILLAGE HOMEOWNERS ASSN., INC.

TITLE	D	DELETE	ADDITION	CHANGE
NAME	STANKIEWICZ, BARBARA		X	
STREET ADDRESS	5567 DONNELLY CIR			
CITY ST ZIP	ORLANDO FL 32821			
TITLE	D	DELETE	ADDITION	CHANGE
NAME	WESTER, TOM		X	
STREET ADDRESS	5852 DONNELLY CIR			
CITY ST ZIP	ORLANDO FL 32821			
TITLE	VD	DELETE	ADDITION	CHANE
NAME	KERIAZES, GUS		X	
STREET ADDRESS	5320 DORRINGTON LN			
CITY ST ZIP	ORLANDO FL 32821			
TITLE	SD	DELETE	ADDITION	CHANGE
NAME	LOZADO, NELL		X	
STREET ADDRESS	5123 DORRINGTON LN			
CITY ST ZIP	ORLANDO FL 32821			
TITLE	D	DELETE	ADDITION	CHANGE
NAME	KASCHEL, TOM		X	
STREET ADDRESS	5410 DEEPPDALE DR			
CITY ST ZIP	ORLANDO FL 32821			