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

2. Principal Place of Business

Suite, Apt. #, etc.

22

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

27

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

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

FILED May 04, 1999 8:00 am Secretary of State

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



Applied For

Not Applicable

3. Date incorporated or Qualifed

10/26/1988

59-2914671

4. FEI Number

| Zip Country Zip Country 6. Election Campaign Financing \$5.00 May Be | City & Stat | 6 | City & State | | | 5. Certificate of Status Desired | ع ب | D. / O A | | |
|--|---|--------------------------------|--|----------------|---------------------------------------|--|--|----------|------------|--|
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Name 13. Name 14. Name 15. Name 15. Name 16. Name 17. Name and Address of New Registered Agent 18. Name 18. Street Address (P.O. Box Number is Not Acceptable) 18. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 12. Street Address (P.O. Box Number is Not Acceptable) 13. Street Address (P.O. Box Number is Not Acceptable) 14. City 15. Pursuant to the provisions of Sections 517 (5602 and 617 1508, Florids Statutes. The above and corporation submits this statement for the purpose of changing its registered agent. I am fight in the provisions of the Address (P.O. Box Number is Not Acceptable) 16. Turus Fund Control Agent Agent Address (P.O. Box Number is Not Acceptable) 17. Fursuant to the provisions of Sections 517 (5602 and 617 1508, Florids Statutes. The Address (P.O. Box Number is Not Acceptable) 18. Name 19. Name | 23 | | | | | | | | | |
| 9. Name and Address of Current Registered Agent 19. Name and Address of New Registered Agent 19. Name 19. Name and Address of New Registered Agent 19. Name 19. N | | | | - ' | • | ' * " | 11 | | | |
| HART, JAMES W., J.R. 2180 W. STATE ROAD 434, SUITE #5000 LONGWOOD FL 32779 ### City FL 85 Zip Code ### City FL 8 | <u> </u> | | | | Trust Fund Contribution Added to Fees | | | | | |
| HART, JAMES W., JR. 2180 W. STATE ROAD 434, SUITE #5000 LONGWOOD FL 32779 82 Street Address (P.O. Box Number is Not Acceptable) 83 Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Stiguties, the above-named corporation submits this statement for the purpose of changing its registered agent. I am decrease the address of Florida Stiguties, the above-named corporation submits this statement for the purpose of changing its registered agent. I am decrease the address of Florida Stiguties, the above-named corporation should be comporation in the state of Florida Stiguties, the above-named corporation is board of directors. I hereby accept the appointment as registered agent. I am decrease the address of Florida Stiguties, the above-named corporation is board of directors. I hereby accept the appointment as registered agent. I am decrease the address of Florida Stiguties, the above-named corporation is board of directors. I hereby accept the appointment as registered agent. I am decrease the address is stiguted. 9 Control of Process and Directors in 12 and a process and process and purpose of changing its registered agent. I am decrease the address in 12 and a process | | 9. Name and Address of Current | Registered Agent | | | | | | | |
| 2180 W. STATE ROAD 434, SUITE #5000 LONGWOOD FL 32779 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 agent, or both, in the State of Florida Sudu change yets authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the adjustment of the purpose of changing its registered agent, and accept the adjustment of the purpose of changing its registered agent, and accept the adjustment as registered agent, and accept the appointment as registered agent, and accept the adjustment as registered agent, and accept the appointment as registered accepts and accept the appointment as registered accepts and accept the appointment as registered a | | | | 187 | Name | | | | | |
| 2180 W. STATE ROAD 434, SUTTE #5000 LONGWOOD FL 32779 83 84 City FL 85 Zip Code T1. 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 agent. I am fighter with, and accrete the efficience of Association 617,0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am fighter with, and accrete the efficience of Association 617,0508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am fighter with, and accrete the efficience of Association 617,0508, Florida Statutes, and in a fighter with a prointment as registered agent. I am fighter with, and accrete the efficience of Association 617,0508, Florida Statutes, and in a fighter with a prointment as registered agent. I am fighter with a prointment are ginetic and a prointment are gi | HART, JAI | MES W., JR. | | 82 | Street / | Address (P.O. Box Number is Not Acceptable |) | | | |
| LONGWOOD FL 32779 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Signitues, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Euch change yas authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and far-dure with, and accept the cells of the corporation's board of directors. I hereby accept the appointment as registered agent, and far-dure with, and accept the cells of the corporation's board of directors. I hereby accept the appointment as registered agent, and far-dure with a province of the corporation's board of directors. I hereby accept the appointment as registered agent, and far-dure with a province of the corporation's board of directors. I hereby accept the appointment as registered agent, and far-dure with a province of the appointment as registered agent. I am far-dure with a province of the appointment as registered agent. I am far-dure with a province of the appointment as registered agent. I am far-dure with a province of the appointment as registered agent. I am far-dure with a province of the appointment as registered agent. I hereby accept the corporation about an extendition. 2. | | | | | | | | | | |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Stigutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change y/s authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida Statutes. In the state of Florida Statutes agent, I am fighter with and acrose the advanced by the corporation's board of directors. I hereby accept the appointment as registered agent, I am fighter with a director of the purpose of changing its registered agent, I am fighter with a province of the purpose of changing its registered agent. I am fighter with a province of the purpose of changing its registered agent. I am fighter with a population of the purpose of changing its registered agent. I am fighter with a province of the purpose of changing its registered agent. I am fighter with a population of the purpose of changing its registered agent. I am fighter with a population of the purpose of changing its registered agent. I am fighter with a population of the purpose of changing its registered agent. I am fighter with a population of the corporation is board of directors. I hereby accept the appointment as registered agent. I am fighter with a population of the corporation is board of directors. I hereby accept the appointment as registered advanced by the corporation is board of directors. I hereby accept the appointment as registered advanced by the corporation is board of directors. I hereby accept the appointment as registered and registered advanced and interesting. In the corporation is purposed when interesting. In the corporation is pu | | | | 83 | Ì | | | | | |
| 17. 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 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, and provided agent, and provided statutes. SIGNATURE | | | | 84 | City | | 8. | Zin Ci | ode | |
| SIGNATE Signature required when remutating) DATE | | | | | _ | | FL | • | | |
| SIGNATE Signature required when remutating) DATE | 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 yes authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the adjustice of Section 617.0500. Florida Statutes. | | | | | | | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | = | | | | | | | | |
| TITLE | 12. | | | | gridate of the | | ERS AND DI | RECTOR | S IN 12 | |
| NAME NEESSI, DENNIS M SR 12 NAME 13 STREET ADDRESS 5027 DELVIN CT 14 CTY-ST-ZIP CTY-ST-ZI | | | <u>. </u> | 1.1 TITLE | | PD | K) | Change | Addition | |
| STREET ADDRESS CITY-ST-ZIP | | ** | | 1.2 NAME | ļ | | | | · | |
| ORLANDO FL | | | | 1.3 STREE | ADORESS | | | | | |
| TITLE | | | | 1.4 CITY-S | T-21P | | _ | | | |
| STREET ADDRESS SO28 DELVIN CT 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | | 1 - T | | 2.1 TITLE | | | | Change | ☐ Addition | |
| STREET ADDRESS SO28 DELVIN CT 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | NAME | ABDALLA, VALERIE | | 2.2 NAME | ļ | | | | | |
| TITLE SD | STREET ADDRESS | · · | | 2.3 STREE | ADDRESS | | | | | |
| TITLE SD | CITY-ST-ZIP | ORLANDO FL 32821 | | 2.4 CITY- | ST-ZIP | | | | | |
| STREET ADDRESS STILL DORRINGTON LN 3.3 STREET ADDRESS STREET ADD | | SD | ☐ DELETE | 3.1 TITLE | } | TD | X 3 | Change | ☐ Addition | |
| STREET ADDRESS STILL DORRINGTON LN 3.3 STREET ADDRESS STREET ADD | NAME | WINKLER, DEBBIE | | 3.2 NAME | l | WINKER, DEBBIE | | | | |
| TITLE TD DELETE 4.1 TITLE VD Addition NAME ZAHRA, TONY 4.2 NAME STREET ADDRESS 5500 DELANO LN 4.3 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32821 5.1 TITLE D Change Addition NAME LUCAS, JAMES 5.2 NAME 5.3 STREET ADDRESS 5422 DEEPDALE DR 5.3 STREET ADDRESS 5422 DEEPDALE DR 5.4 CITY-ST-ZIP TITLE D Change Addition NAME GIMINDER, RUSSELL 5.2 NAME 6.2 NAME 5.3 STREET ADDRESS 5409 DORRINGTON LN 6.3 STREET ADDRESS 5409 DORRINGTON LN 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ORLANDO FL 32821 6.4 CITY-ST-ZIP 6.5 NAME 6.5 NAME 6.5 STREET ADDRESS 5409 DORRINGTON LN 6.5 STREET ADDRESS 6.5 STREET | STREET ADDRESS | 5111 DORRINGTON LN | | 3.3 STREE | TADDRESS | | | | | |
| NAME ZAHRA, TONY | CITY-ST-ZIP | ORLANDO FL 32821 | | 3.4. CITY | T-ZIP | | | | | |
| STREET ADDRESS STRE | TITLE | το | ☐ DELETE | 4.1 TITLE | | ďV | X | Change | Addition | |
| CITY-ST-ZIP | NAME | ZAHRA, TONY | | 4. 2 NAME | ĺ | | | | | |
| TITLE | STREET ADDRESS | 5500 DELANO LN | | 4.3 STREE | TADORESS | | | | | |
| NAME NAME LUCAS, JAMES 52 NAME 53 STREET ADDRESS 5422 DEEPDALE OR ORLANDO FL 32821 TITLE D Addition NAME GIMINDER, RUSSELL STREET ADDRESS 54 CITY- ST- ZIP Change Addition 62 NAME 63 STREET ADDRESS CITY- ST- ZIP ORLANDO FL 32821 64 CITY- ST- ZIP ORLANDO FL 32821 64 CITY- ST- ZIP | CITY-ST-ZIP | ORLANDO FL 32821 | | 4.4 CITY-5 | T-ZIP | | | | | |
| STREET ADDRESS 5422 DEEPDALE DR ORLANDO FL 32821 TITLE D NAME GIMINDER, RUSSELL STREET ADDRESS 54 CITY-ST-ZIP 62 NAME 63 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32821 64 CITY-ST-ZIP | TITLE | | ☐ DELETE | | ĺ | | | Change | ☐ Addition | |
| STREET ADDRESS S422 OCT ST. ZIP | NAME | | | | } | | | | j | |
| TITLE D Change Addition NAME GIMINDER, RUSSELL STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32821 6.1 TITLE 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | STREET ADDRESS | 5422 DEEPDALE DR | | 5.3 STREE | TADDRESS | | | | | |
| NAME GIMINDER, RUSSELL STREET ADDRESS 5409 DORRINGTON LN 63 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32821 664 CITY-ST-ZIP | CITY-ST-ZIP | ORLANDO FL 32821 | | | T-ZIP | | | | | |
| STREET ADDRESS 5409 DORRINGTON LN 6.3 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32821 6.4 CITY-ST-ZIP | TITLE | D | À. ÀDELETE | 6.1 TITLE | | | | Change | Addition | |
| CITY-ST-ZIP ORLANDO FL 32821 6.4 CITY-ST-ZIP | NAME | GIMINDER, RUSSELL | | 6.2 NAME | | | | | | |
| CHT-51-2P OND-1100 C 0202 | STREET ADDRESS | 5409 DORRINGTON LN | | 6.3 STREE | ADDRESS | | | | | |
| | CITY-ST-ZIP | ORLANDO FL 32821 | | 6,4 CITY- S | T- 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

SIGNATURE;

Daytime Phone #

475781-90020-44

DEER CREEK VILLAGE HOMEOWNERS ASSN., INC.

N29023

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

DELETE D STANKIEWICZ, BARBARA 5567 DONNELLY CIR ORLANDO FL 32821 ADDITION CHANGE

TITLE NAME STREET ADDRESS CITY ST ZIP DELETE D WESTER, TOM 5852 DONNELLY CIR ORLANDO FL 32821 ADDITION CHANGE

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TITLE NAME STREET ADDRESS CITY ST ZIP

VD KERIAZES, GUS 5320 DORRINGTON LN ORLANDO FL 32821

DELETE

DELETE ADDITION CHANGE

ADDITION

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TITLE NAME STREET ADDRESS CITY ST ZIP

SD LOZADO, NELL 5123 DORRINGTON LN ORLANDO FL 32821

DELETE ADDITION CHANGE

TITLE NAME STREET ADDRESS CITY ST ZIP

D KASCHEL, TOM 5410 DEEPDALE DR ORLANDO FL 32821