

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90056 047 ****61.25

DOCUMENT # N29023

1. Entity Name

DEER CREEK VILLAGE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

**2180 W. STATE ROAD 434, SUITE #5000
 LONGWOOD FL 32779-5042**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2914671

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
 NAME **KNEESSI, DENNIS M SR**
 STREET ADDRESS **5027 DELVIN CT**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **VD** ☐ Change ☒ Addition
 NAME **KASCHEL, TOM**
 STREET ADDRESS **5410 DEEPPDALE DR**
 CITY-ST-ZIP **ORLANDO FL 32821**

TITLE **SD** ☒ Delete
 NAME **LOZADO, NELL**
 STREET ADDRESS **5123 DORRINGTON LANE**
 CITY-ST-ZIP **ORLANDO FL 32821**

TITLE **SD** ☐ Change ☒ Addition
 NAME **WHITNEY, DONNA**
 STREET ADDRESS **5561 DONNELLY CIR**
 CITY-ST-ZIP **ORLANDO FL 32821**

TITLE **TD** ☒ Delete
 NAME **WINKER, DEBBIE**
 STREET ADDRESS **5111 DORRINGTON LN**
 CITY-ST-ZIP **ORLANDO FL 32821**

TITLE **TD/SD** ☐ Change ☒ Addition
 NAME **SILVER, ANNA**
 STREET ADDRESS **12130 DICKENSON LN**
 CITY-ST-ZIP **ORLANDO FL 32821**

TITLE **PD PRES** ☐ Delete
 NAME **ZAHRA, TONY**
 STREET ADDRESS **5500 DELANO LN**
 CITY-ST-ZIP **ORLANDO FL 32821**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Tony Zahra**
 STREET ADDRESS **5500 Delano Ln**
 CITY-ST-ZIP **Orlando FL 32821**

TITLE **D** ☐ Delete
 NAME **LUCAS, JAMES**
 STREET ADDRESS **5422 DEEPPDALE DR**
 CITY-ST-ZIP **ORLANDO FL 32821**

TITLE **D** ☐ Change ☒ Addition
 NAME **SILVER, JOE**
 STREET ADDRESS **12130 DICKENSON LN**
 CITY-ST-ZIP **ORLANDO FL 32821**

TITLE **D** ☒ Delete
 NAME **STANKIEWICZ, BARBARA**
 STREET ADDRESS **5567 DONNELLY CIR**
 CITY-ST-ZIP **ORLANDO FL 32821**

TITLE ☐ Change ☒ Addition
 NAME **[Signature]**
 STREET ADDRESS **[Signature]**
 CITY-ST-ZIP **[Signature]**

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #