

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90032 036 \*\*\*\*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

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

DO NOT WRITE IN THIS SPACE



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 **HAMMOND, CHRIS**  
 STREET ADDRESS **5506 DONNELLY CIRCLE**  
 CITY-ST-ZIP **ORLANDO FL 32821**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD** ☒ Delete  
 NAME **HAMMOND, MIKE**  
 STREET ADDRESS **5506 DONNELLY CIRCLE**  
 CITY-ST-ZIP **ORLANDO FL 32821**

TITLE **D** ☐ Change ☒ Addition  
 NAME **KNEESSI, DENNIS**  
 STREET ADDRESS **5027 Delvin Court**  
 CITY-ST-ZIP **Orlando, FL 32821**

TITLE **SD** ☐ Delete  
 NAME **STEIN, DEBORAH**  
 STREET ADDRESS **5525 DELANO LANE**  
 CITY-ST-ZIP **ORLANDO FL 32821**

TITLE **VPD** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD** ☐ Delete  
 NAME **LOMBARD, MIKE**  
 STREET ADDRESS **5682 DONNELLY CIRCLE**  
 CITY-ST-ZIP **ORLANDO FL 32821**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **MIKA, JEROME**  
 STREET ADDRESS **5214 DEER CREEK DRIVE**  
 CITY-ST-ZIP **ORLANDO FL 32821**

TITLE **D** ☐ Change ☒ Addition  
 NAME **KRAUSE, NOEL**  
 STREET ADDRESS **5525 Delano Lane**  
 CITY-ST-ZIP **Orlando, FL 32821**

TITLE **D** ☐ Delete  
 NAME **STOECKERT, LISA**  
 STREET ADDRESS **5009 DELVIN COURT**  
 CITY-ST-ZIP **ORLANDO FL 32821**

TITLE **SD** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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  
 Dennis Kneessi 2/26/02 407-238-0393  
 Date Daytime Phone #

CR2E037 (9/01)