# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 11, 2008 8:00 am**
**Secretary of State**
04-11-2008 90032 026 ****61.25

DOCUMENT # N29568

1. Entity Name
DEER CREEK COMMUNITY ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O ADVANCED MGMT INC OF SW FLORIDA<br>9031 TOWN CENTER PARKWAY<br>BRADENTON, FL 34203 | C/O ADVANCED MGMT INC OF SW FLORIDA<br>9031 TOWN CENTER PARKWAY<br>BRADENTON, FL 34203 |

01292008 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 65-0104143 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

ADVANCED MANAGEMENT OF SW FLORIDA INC
9031 TOWN CENTER PKWY
SUITE #107
BRADENTON, FL 34203

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>TISCH, HOWARD<br>4704 WHILE TAIL LN.<br>SARASOTA, FL 34238 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>Jack Sullivan<br>4565 Deer Creek Blvd.<br>Sarasota, FL 34238 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>PASCOE, HOWARD<br>8335 SHADOW PINE WAY<br>SARASOTA, FL 34238 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>Linda Slack<br>4700 white Tail Cn.<br>Sarasota, FL 34238 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>FREY, THOMAS<br>4739 WHILE TAIL LANE<br>SARASOTA, FL 34238 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>Sandy Twyon<br>4704 white Tail Cn<br>Sarasota, FL 34238 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MENTZ, PHIL<br>8683 WOODBRIAR DR.<br>SARASOTA, FL 34238 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>POWER, CLAIRE<br>4487 WHITE EGRET LN<br>SARASOTA, FL 34238 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Al Mahan<br>8607 Woodbriar Dr.<br>Sarasota, FL 34238 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>TABOR, RICHARD<br>8263 CYPRESS HOLLOW DR.<br>SARASOTA, FL 34238 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** John S. Sullivan John S. Sullivan 3/25/08 941-927-9368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #