

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90787 027 ****61.25

DOCUMENT # N29568

1. Entity Name
DEER CREEK COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**C/O ADVANCED MGMT INC OF SW FLORIDA
9031 TOWN CENTER PARKWAY
BRADENTON FL 34202
US**

Mailing Address
**C/O ADVANCED MGMT INC OF SW FLORIDA
9031 TOWN CENTER PARKWAY
BRADENTON FL 34202
US**

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 **65-0104143**

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

**ADVANCED MANAGEMENT OF SW FLORIDA INC
5899 WHITFIELD AVENUE
SUITE #107
SARASOTA FL 34243**

*9031 TOWN CENTER PARKWAY
BRADENTON, FL 34202*

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

2-19-03

FILE NOW: FEE IS \$61.25

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 **VD** ☐ Delete
NAME **SPAY, MARY ANN D**
STREET ADDRESS **8395 CYPRESS HOLLOW DR**
CITY-ST-ZIP **SARASOTA FL 34238**

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

TITLE **PD** ☐ Delete
NAME **GRAUGAARD, JORGEN**
STREET ADDRESS **8347 CYPRESS HOLLOW DR**
CITY-ST-ZIP **SARASOTA FL 34238**

TITLE **D** ☒ Change ☐ Addition
NAME **→ SAME PERSON**
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **URRICH, GEROGE**
STREET ADDRESS **4472-DEER TRAIL BLVD**
CITY-ST-ZIP **SARASOTA FL 34238**

TITLE **GEORGE ULRICH** ☒ Change ☐ Addition
NAME **→ SAME PERSON**
STREET ADDRESS **(correct spelling)**
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **THOMAS, FREY**
STREET ADDRESS **4739 WHITE TAIL LANE**
CITY-ST-ZIP **SARASOTA FL 34238**

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

TITLE **D** ☐ Delete
NAME **VALENTINO, GRACE**
STREET ADDRESS **8224 SHADOW PINE WAY**
CITY-ST-ZIP **SARASOTA FL 34238**

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

TITLE **D** ☐ Delete
NAME **SARGEANT, CHUCK**
STREET ADDRESS **8687 WOODBRIDGE DE**
CITY-ST-ZIP **SARASOTA FL 34238**

TITLE ☐ 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 of Registered Treasurer 2/26/03

CR2E037 (10/02)