Entity Name: DEER CREEK COMMUNITY ASSOCIATION, INC.

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

C/O ADVANCED MGMT INC OF SW FLORIDA 9031 TOWN CENTER PARKWAY BRADENTON, FL 34203

Current Mailing Address:

DOCUMENT# N29568

C/O ADVANCED MGMT INC OF SW FLORIDA 9031 TOWN CENTER PARKWAY BRADENTON, FL 34203

FEI Number: 65-0104143

Name and Address of Current Registered Agent:

ADVANCED MANAGEMENT OF SW FLORIDA INC 9031 TOWN CENTER PKWY BRADENTON, FL 34203 US

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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	AS	Title	DIRECTOR
Name	WILSON, DOUGLAS E	Name	WILLIAMS, TOM
Address	9031 TOWN CENTER PKWY	Address	9031 TOWN CENTER PKWY
City-State-Zip:	BRADENTON FL 34202	City-State-Zip:	BRADENTON FL 34202
Title	PRESIDENT	Title	SECRETARY
Name	KLEIN, LINDA	Name	DIENER, HEIDE
Address	9031 TOWN CENTER PKWY	Address	9031 TOWN CENTER PKWY
City-State-Zip:	BRADENTON FL 34202	City-State-Zip:	BRADENTON FL 34202
Title	DIRECTOR	Title	DIRECTOR
Name	JACKSON, DAVID	Name	MENSON, ROB
Address	9031 TOWN CENTER PKWY	Address	9031 TOWN CENTER PKWY
City-State-Zip:	BRADENTON FL 34202	City-State-Zip:	BRADENTON FL 34202
Title	VP	Title	TREASURER
Name	JANNEY, OLIVER	Name	CLARKSON, WILLIAM
Address	C/O ADVANCED MGMT INC OF SW FLORIDA 9031 TOWN CENTER PARKWAY	Address	C/O ADVANCED MGMT INC OF SW FLORIDA 9031 TOWN CENTER PARKWAY
City-State-Zip:	BRADENTON FL 34203	City-State-Zip:	BRADENTON FL 34203

Continues on page 2

AS

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DOUGLAS E WILSON

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	MCQUAID, SHIRLEY	Name	HALFORD, QUINN
Address	C/O ADVANCED MGMT INC OF SW FLORIDA 9031 TOWN CENTER PARKWAY	Address	C/O ADVANCED MGMT INC OF SW FLORIDA
Citv-State-Zip:	BRADENTON FL 34203		9031 TOWN CENTER PARKWAY
		City-State-Zip:	BRADENTON FL 34203