

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N29568

**Entity Name:** DEER CREEK COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**C/O ADVANCED MGMT INC OF SW FLORIDA  
9031 TOWN CENTER PARKWAY  
BRADENTON, FL 34203**Current Mailing Address:**C/O ADVANCED MGMT INC OF SW FLORIDA  
9031 TOWN CENTER PARKWAY  
BRADENTON, FL 34203**FEI Number:** 65-0104143**Certificate of Status Desired:** No**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

Date

**Officer/Director Detail :**

Title AS  
Name WILSON, DOUGLAS E  
Address 9031 TOWN CENTER PKWY  
City-State-Zip: BRADENTON FL 34202

Title PRESIDENT  
Name KLEIN, LINDA  
Address 9031 TOWN CENTER PKWY  
City-State-Zip: BRADENTON FL 34202

Title SECRETARY  
Name DIENER, HEIDE  
Address 9031 TOWN CENTER PKWY  
City-State-Zip: BRADENTON FL 34202

Title DIRECTOR  
Name JACKSON, DAVID  
Address 9031 TOWN CENTER PKWY  
City-State-Zip: BRADENTON FL 34202

Title DIRECTOR  
Name MENSON, ROB  
Address 9031 TOWN CENTER PKWY  
City-State-Zip: BRADENTON FL 34202

Title VP  
Name JANNEY, OLIVER  
Address C/O ADVANCED MGMT INC OF SW  
FLORIDA  
9031 TOWN CENTER PARKWAY  
City-State-Zip: BRADENTON FL 34203

Title TREASURER  
Name CLARKSON, WILLIAM  
Address C/O ADVANCED MGMT INC OF SW  
FLORIDA  
9031 TOWN CENTER PARKWAY  
City-State-Zip: BRADENTON FL 34203

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

**Continues on page 2**

*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

AS

05/21/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title                 DIRECTORY  
Name                RAIMI, BURT  
Address             C/O ADVANCED MGMT INC OF SW  
                      FLORIDA  
                      9031 TOWN CENTER PARKWAY  
City-State-Zip:    BRADENTON FL 34203