

2021 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 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 PRESIDENT
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

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

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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: MAT D WILSON

AS

02/23/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	ASST. SECRETARY
Name	WILSON, MAT D
Address	9031 TOWN CENTER PKWY
City-State-Zip:	BRADENTON FL 34202