2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29568

Entity Name: DEER CREEK COMMUNITY ASSOCIATION, INC.

FILED Apr 13, 2017 Secretary of State CC5916969966

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:

City-State-Zip:

City-State-Zip:

Officer/Director Detail:

Title **PRESIDENT** Title

Electronic Signature of Registered Agent

THORN, MARY Name BROOKS, CLAUDIA Name

Address 9031 TOWN CENTER PKWY Address C/O ADVANCED MGMT INC OF SW

FLORIDA 9031 TOWN CENTER PARKWAY

BRADENTON FL 34203 City-State-Zip:

Title **TREASURER**

Name FERGUSON, FRAN **DIRECTOR**

Address C/O ADVANCED MGMT INC OF SW Name CEPEDA, JORGE DR **FLORIDA**

9031 TOWN CENTER PARKWAY

BRADENTON FL 34202

BRADENTON FL 34203

Address 9031 TOWN CENTER PKWY

Title

City-State-Zip: **BRADENTON FL 34202 BRADENTON FL 34203** City-State-Zip:

Title VΡ Title AS

Name SUHRE, JOHN Name WILSON, DOUGLAS E

9031 TOWN CENTER PKWY Address C/O ADVANCED MGMT INC OF SW Address

FLORIDA

City-State-Zip: **BRADENTON FL 34202** 9031 TOWN CENTER PARKWAY

City-State-Zip: **BRADENTON FL 34203** Title

KEEN, VELMA Title D Name

Name ANDERSON, JONATHAN Address C/O ADVANCED MGMT INC OF SW

> FI ORIDA Address C/O ADVANCED MGMT INC OF SW

9031 TOWN CENTER PARKWAY **FLORIDA**

9031 TOWN CENTER PARKWAY

BRADENTON FL 34203 City-State-Zip:

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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.

04/13/2017 ASSISTANT SECRETARY SIGNATURE: DOUGLAS E. WILSON

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name ANDERSON, JONATHAN

Address C/O ADVANCED MGMT INC OF SW FLORIDA

9031 TOWN CENTER PARKWAY

City-State-Zip: BRADENTON FL 34203