

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90039 031 \*\*\*\*61.25

**DOCUMENT # 729453**

1. Entity Name  
**DEER CREEK IMPROVEMENT ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**334 DEER CREEK RUN**      **334 DEER CREEK RUN**  
**DEERFIELD BEACH FL 33442**      **DEERFIELD BEACH FL 33442**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E037 (10/07)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-1568412**      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**POLIAKOFF, GARY A**  
**3111 STIRLING RD**  
**FT LAUDERDALE FL 33312**

*Katzman & Karr*  
*150 Northwest 49*

7. Name and Address of New Registered Agent

Name      *Katzman & Karr*

Street Address (P.O. Box Number is Not Acceptable)  
*1501 Northwest 49th Street*

City      *Fort Lauderdale*      State      **FL**      Zip Code      **33309**

B. 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 *Frances Costanza*      DATE *3/13/03*

Signature, typed or printed name of registered agent (if applicable). (NOTE: Registered Agent Signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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

TITLE NAME	ST COSTANZA, FRANCES	<input type="checkbox"/> Delete
STREET ADDRESS	334 NW DEER CREEK RUN	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE NAME	D QUINLAN, WILLIAM	<input type="checkbox"/> Delete
STREET ADDRESS	3128 LAKESHORE DRIVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE NAME	P D DEETJEN, LYNN	<input type="checkbox"/> Delete
STREET ADDRESS	2584 LAKES DRIVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE NAME	AT BEZZONE, PAULA	<input type="checkbox"/> Delete
STREET ADDRESS	3529 PALLADIAN CIRCLE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE NAME	VP ANDERSEN, LINDA	<input type="checkbox"/> Delete
STREET ADDRESS	2378 LOBLOLLY LANE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE NAME	D COURANT, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	1975 DEERCREEK HOLLOWES TR.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P Gary Lather	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	646 Briarwood Lane	
CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 information.

SIGNATURE: *Frances Costanza* - FRANCES COSTANZA      954-481-5939