

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 21, 2009  
Secretary of State

DOCUMENT# N06000008091

**Entity Name:** DEER CREEK GOLF AND TENNIS RV RESORT, PHASE TWO, A FLORIDA COOPERATIVE CORPORATION

**Current Principal Place of Business:**

500 SOUTH FLORIDA AVE. SUITE 700  
LAKELAND, FL 33801

**New Principal Place of Business:**

**Current Mailing Address:**

500 SOUTH FLORIDA AVE. SUITE 700  
LAKELAND, FL 33801

**New Mailing Address:**

FEI Number: 20-5304126

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MCFARLANE, PETER A ESQ  
500 SOUTH FLORIDA AVE. SUITE 600  
LAKELAND, FL 33801 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: REYNOLDS, WILLIAM C  
Address: 500 SOUTH FLORIDA AVE. SUITE 700  
City-St-Zip: LAKELAND, FL 33801

Title: DV ( ) Delete  
Name: BAXLEY, RON  
Address: 500 SOUTH FLORIDA AVE. SUITE 700  
City-St-Zip: LAKELAND, FL 33801

Title: S ( ) Delete  
Name: EBDRUP, BRIDGET  
Address: 500 SOUTH FLORIDA AVE. SUITE 700  
City-St-Zip: LAKELAND, FL 33801

Title: T ( ) Delete  
Name: FALK, BENJAMIN D.E.  
Address: 500 SOUTH FLORIDA AVE. SUITE 700  
City-St-Zip: LAKELAND, FL 33801

Title: VP ( ) Delete  
Name: LEE, JIM D  
Address: 500 S FLORDIA AVENUE SUITE 700  
City-St-Zip: LAKELAND, FL 33801

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JIM D LEE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

VP

04/21/2009

\_\_\_\_\_  
Date