## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # N07904**

1. Entity Name

DEED	CREEK	DARK	ASSOCIATION,	INC
VEEN	UNCEN	LWUI	ASSOCIATION,	INC.

FILED

05-01-2003 90200 038 \*\*\*\*66.25

May 01, 2003 8:00 am Secretary of State

Principal Place of Business Mailing Address - A A U U U U 27 HORTON AVE 27 HORTON AVE. **ENGLEWOOD FL 34223 ENGLEWOOD FL 34223** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number NOT APPLICABLE Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PITZ, DONALD W Street Address (P.O. Box Number is Not Acceptable) 84 ROBIN LANE ENGLEWOOD FL 34223 City Zip Code 8. 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating) DATE 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Delete TITLE TITLE ☐ Change ☐ Addition PIOTTER, KENNETH NAME NAME STREET ADDRESS STREET ADDRESS 43 DEER LANE CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD FL 34223 ☐ Delete TITLE TITLE ☐ Change ☐ Addition LEBLANC, CAROLYN NAME NAME 91 SPRING LANE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ENGLEWOOD FL 34223 Delete ☐ Change ☐ Addition TITLE TITLE MILLER, ANDREA NAME NAME STREET ADDRESS 55 DEEN LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD FL 34223 TITLE Délete TITLE Change - 🔁 Addition DAVIS, RICHARD A NAME NAME STREET ADDRESS **50 SPRING LANE** STREET ADDRESS CITY-ST-ZIP **ENGLEWOOD FL 34223** CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied ental good is file 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 truvelegency fered 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 empowered.

SIGNATURE:

4/26/03 614 875-0342