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03-06-1999 90138 017 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N20916**

1. Corporation Name

DEER CREEK GOLF AND TENNIS RV RESORT PROPERTY OW NERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4210 182 HIGHWAY 27 NORTH DAVENPORT FL 33837	4210 182 HIGHWAY 27 NORTH DAVENPORT FL 33837

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/01/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 86-0543812 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

YAEGER, RUSS
4210-159 U S 27 NORTH
DAVENPORT FL 33837

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RUECKL, RONALD		1.2 NAME		
STREET ADDRESS	4210-179 US HWY 27 N		1.3 STREET ADDRESS		
CITY-ST-ZIP	DAVENPORT FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WALSH, WILLIAM		2.2 NAME		
STREET ADDRESS	4210-49 NS 27 N.		2.3 STREET ADDRESS		
CITY-ST-ZIP	DAVENPORT FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, MICHAEL		3.2 NAME		
STREET ADDRESS	4210-89 NS 27 NO.		3.3 STREET ADDRESS		
CITY-ST-ZIP	DAVENPORT FL		3.4. CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	Director	☒ Change ☒ Addition
NAME	HOSTE, BERNARD F		4. 2 NAME	Russ Yeager	
STREET ADDRESS	4210 159 US 27 NORTH		4.3 STREET ADDRESS	4210-159 US 27N	
CITY-ST-ZIP	DAVENPORT FL 33837		4.4 CITY-ST-ZIP	Davenport, Fl 33837	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LEGGETT, EARL		5.2 NAME		
STREET ADDRESS	6515 SEYMORE CT		5.3 STREET ADDRESS		
CITY-ST-ZIP	MT HENRY IL 60050		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael D. Smith SIGNATURE REQUIRED Treasurer Michael D. Smith, Treas 2/19/99 941-424-1131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #