

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27870

FILED
Feb 24, 2009
Secretary of State

Entity Name: DEER CREEK PHASE II U.D.I P.O.A. CLASS I, INC.

Current Principal Place of Business:

42759 HWY 27
DAVENPORT, FL 33837

New Principal Place of Business:

Current Mailing Address:

42759 HWY 27
DAVENPORT, FL 33837

New Mailing Address:

FEI Number: 59-3481589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STROUD, DONALD R TR
42759 HW 27
DAVENPORT, FL 33837 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: D (X) Delete
Name: GOTTSCHALK, ROBERT B
Address: 14 PINETREE DR.
City-St-Zip: SHIRLEY, NY 119674342

Title: D () Delete
Name: SAUER, ORVILLE
Address: 9305 ALTHEA
City-St-Zip: ST. LOUIS, MO 63123

Title: T () Delete
Name: STROUD, DONALD R
Address: 803 VILLAGE LANE
City-St-Zip: ROSWELL, GA 30075

Title: D () Delete
Name: MARTIN, CHRIS
Address: 16 AIMEE ST
City-St-Zip: MEADFORD, ONTARIO, CA NYL185

Title: VP () Delete
Name: WEST, TOM
Address: 219 W. SHASTA LANE
City-St-Zip: VALPARAISO, IN 48385

Title: P () Delete
Name: GIBBS, DON
Address: 8379 WINSTON WAY
City-St-Zip: JONESBORO, GA 30236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: WASHKEVICH, KENNETH
Address: P.O. BOX 137464
City-St-Zip: CLERMONT, FL 34713

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: DONALD R STROUD

TR

02/24/2009

Electronic Signature of Signing Officer or Director

Date