

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27870

FILED
Feb 28, 2011
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 ()

Name and Address of Current Registered Agent:

STROUD, DONALD R
42759 HW 27
DAVENPORT, FL 33837 US

Name and Address of New Registered Agent:

WARRICK, CYNTHIA D
42759 HW 27
DAVENPORT, FL 33837 US

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: CYNTHIA D. WARRICK

02/28/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: D
Name: ROSS, JAMES
Address: 1803 FOUNTAIN RIDGE RD.
City-St-Zip: CHAPEL HILL, NC 27517

Title: D
Name: STEWART, DONNA
Address: 1751 KINGS COURT
City-St-Zip: MUSKEGON,, MI 49445

Title: P
Name: WEST, THOMAS
Address: 219 W. SHASTA LANE
City-St-Zip: VALPARAISO, IN 48385

Title: VP/S
Name: MEISTER, GEORGE
Address: 819 HUDSON LANE
City-St-Zip: PORT ORANGE,, FL 32129

Title: D
Name: GREENFIELD, JAMES
Address: P.O. BOX 85212
City-St-Zip: WESTLAND, MI 48185

I hereby 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 all other like empowered.

SIGNATURE: CYNTHIA D. WARRICK

TRES

02/28/2011

Electronic Signature of Signing Officer or Director

Date