

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27870

FILED  
Feb 15, 2012  
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:**

WARRICK, CYNTHIA D  
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  
Name: CORNWELL, ROLAND  
Address: 2877 S. ENNIS RD.  
City-St-Zip: ITHICA, MI 48847

Title: D  
Name: COOPER, HOGAN  
Address: 2668 EDGEMONT CIR.  
City-St-Zip: TUPELO, MS 38804

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: THOMAS A. WEST

PRES

02/15/2012

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

\_\_\_\_\_  
Date