

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90297 028 \*\*\*\*61.25

**DOCUMENT # N35420**

1. Entity Name  
**VILLAS AT DEER CREEK HOMEOWNERS'  
ASSOCIATION, INC.**



Principal Place of Business  
**% ADVANCED MGMT. OF SW FLORIDA, INC.  
9031 TOWN CENTER PARKWAY  
BRADENTON, FL 34202 US**

Mailing Address  
**% ADVANCED MGMT. OF SW FLORIDA, INC.  
9031 TOWN CENTER PARKWAY  
BRADENTON, FL 34202 US**

**60026147**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02222006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**65-0164790**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ADVANCED MANAGEMENT OF SW FLORIDA INC  
9031TOWN CENTER PRKWY  
BRADENTON, FL 34202**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME KOCH, GARY  
STREET ADDRESS 4596 DEER TRAIL BLVD  
CITY-ST-ZIP SARASOTA, FL 34238

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME CAFFERRILLO, SHRILA  
STREET ADDRESS 4456 DEERTRAIL BLVD  
CITY-ST-ZIP SARASOTA, FL 34238

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME CARLIN, JENNIFER  
STREET ADDRESS 45766 DEERTRAIL BLVD  
CITY-ST-ZIP SARASOTA, FL 34238

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME MCKIMON, KENNETH  
STREET ADDRESS 4591 DEER TRAIL BLVD  
CITY-ST-ZIP SARASOTA, FL 34238

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME ZEMAN, NANCY  
STREET ADDRESS 4572 DEER TRAIL BLVD.  
CITY-ST-ZIP SARASOTA, FL 34238

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME DEAN, JEFF  
STREET ADDRESS 8006 BOBCAT DR  
CITY-ST-ZIP SARASOTA, FL 34238

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Kenneth P. McKimmon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-29-06**  
Date

**941-425-3359**  
Daytime Phone 4