



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90043 012 \*\*\*\*61.25

<b>DOCUMENT # N35420</b> 1. Entity Name <b>VILLAS AT DEER CREEK HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>% ADVANCED MGMT. OF SW FLORIDA, INC. 9031 TOWN CENTER PARKWAY BRADENTON, FL 34202 US</b>			Mailing Address <b>% ADVANCED MGMT. OF SW FLORIDA, INC. 9031 TOWN CENTER PARKWAY BRADENTON, FL 34202 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>65-0164790</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>ADVANCED MANAGEMENT OF SW FLORIDA INC 9031TOWN CENTER PRKWY BRADENTON, FL 34202</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOCH, GARY 4596 DEER TRAIL BLVD SARASOTA, FL 34238	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FREESE, HERMAN 4591 DEER TRAIL BLVD. SARASOTA, FL 34238	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. ULRICH, GEORGE 4472 DEER TRAIL BLVD. SARASOTA, FL 34238	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCKIMON, KENNETH 4591 DEER TRAIL BLVD SARASOTA, FL 34238	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ZEMAN, NANCY 4572 DEER TRAIL BLVD. SARASOTA, FL 34238	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JUDITH WEST 4444 Deer Trail Blvd Sarasota, FL 34238	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JUDITH WEST 4444 Deer Trail Blvd Sarasota, FL 34238	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JUDITH WEST 4444 Deer Trail Blvd Sarasota, FL 34238	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JUDITH WEST 4444 Deer Trail Blvd Sarasota, FL 34238	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> <i>Gary Koch, President</i> <b>3/31/08</b> <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)      Date      Daytime Phone #</small>					