

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N48723** (3)

1. Corporation Name

DEERCREEK RESIDENTS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**7816 MCLAURIN ROAD, NORTH
JACKSONVILLE FL 32256**

**7816 MCLAURIN ROAD, NORTH
JACKSONVILLE FL 32256**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/05/1992

3a. Date of Last Report

04/25/1995

4. FEI Number

59-3175553

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**ALLEN, GLENN K.
353 EAST FORSYTH STREET
JACKSONVILLE FL 32202**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLEN, GLENN K.	
STREET ADDRESS	8108 VINEYARD LAKE RD. E	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MINTA, JAMES J	
STREET ADDRESS	7953 VINEYARD LAKE RD. N	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAVIDSON, M.E.	
STREET ADDRESS	7804 BLAKEFORD MILL LANE	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BLACKER, NANCY	
STREET ADDRESS	1006 MARTFORD LAKE PLACE	
CITY - ST - ZIP	JACKSONVILLE FL 32256	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GOODRICH, JEFF	
STREET ADDRESS	7806 KESSER RIDGE PARK	
CITY - ST - ZIP	JACKSONVILLE FL 32256	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	PATTERSON, GUY	
STREET ADDRESS	10155 BISHOP LAKE RD. W.	
CITY - ST - ZIP	JACKSONVILLE FL 32256	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Allen, Glenn K.	
1.3 STREET ADDRESS	8108 Vineyard Lake Road, E.	
1.4 CITY - ST - ZIP	Jacksonville, FL	
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jantz, Charles R.	
2.3 STREET ADDRESS	8334 Amherst Hills Lane	
2.4 CITY - ST - ZIP	Jacksonville, FL 32256	
3.1 TITLE	Second V-Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Milkey, Mike	
3.3 STREET ADDRESS	10600 Bishop Lake Way	
3.4 CITY - ST - ZIP	Jacksonville, FL 32256	
4.1 TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Still, Lisa	
4.3 STREET ADDRESS	9920 Blakeford Mill Road	
4.4 CITY - ST - ZIP	Jacksonville, FL 32256	
5.1 TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Carlson, Sharon	
5.3 STREET ADDRESS	9974 Vineyard Lake Road	
5.4 CITY - ST - ZIP	Jacksonville, FL 32256	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 trustee or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96 **904 355 7576**

CR2E037 (12/95)