## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #
1. Corporation Name

(3)

DEERCREEK RESIDENTS ASSOCIATION, INC.

Principal Place of Business Mailing Address										
Principal Pla	ce of Business	Mailing Address			a smantini ata	. 14 ali (1616) tadin 154 ali	rei milli mimii <b>978</b> 1	, 4:0)1 \$1011	4:#II (#BI	
7816 MCLAURI JACKSONVILLE	n road. North E FL 32256	7816 MCLAURIN ROAD. NO JACKSONVILLE FL 32256-3								
					3. Date incorpor 05/05/18		3a. Date o 02/1	f Last Rej <b>15/199</b> 6		
Principal Place of Business     2a. Mailing Address				. 144 63	4. FEI Number			App	lied For	
21 26 353			St PC	drythsi	, 59-31/5				Applicable	
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			5. Certificate of 5	Status Desired	□ <b>\$</b>	<b>8.75</b> Ac Fee Req		
City & Sta	ite	City & State			6. Election Camp	saion Financino			<u>`</u>	
23		28 Jacksonv	ille	FL	Trust Fund Co	-		<b>5.00</b> N Added to		
Zip	Country	Zip	Cou	ntry		on has liability for				
24	25	29 32202	30	USA	Florida Statute		Yes N	0		
	9. Name and Address of Curren	t Registered Agent	1		10. Name and Ad	Idress of New Re	gistered Ager	1t		
			]	81 Name						
ALLEN, GLENN K.				82 Street Ad	dress (P.O. Box Numb	er is Not Acceptat	le)			
353 EAST FORSYTH STREET										
JACKSONVILLE FL 32202				83						
				84 City		· · · · · · · · · · · · · · · · · · ·	89	Zip Ci	ode	
	it to the provisions of \$4 tions 617.050				·		FL	1		
office or	am familiar will the accept the obliga	2 and 617 1568, Florida Statu of Florida, Such change is ations of, Section 617 058	State State	utes. -		ers. I hereby acce	of the appointr	nent as re	agistered	
12.	OFFICERS AND		13	Agent signature re	quired when reinstating)	IANGES TO OFFIC	YERS AND DE	RECTORS	IN 12	
TITLE	DP OF FIGURE	□ DELETE	1.1 10	TLE	ADDITIONOFOR	VIII OLO TO OTTI		Change	Addition	
NAME	ALLEN, GLENN K.		1.2 N	· ·				•		
STREET ADDRESS	1			REET ADORESS						
CITY-ST-ZIP	JACKSONMLLE FL			TY-ST-ZIP						
TITLE	D	DELETE 2.1 TI				· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME	MINTA, JAMES J		2.2 N/	Į.						
STREET ADDRESS			2.3 \$1	REET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL		2.40	ITY-ST-ZIP						
TITLE	V	DELETE	3.1 TI	TLE .				Change	Addition	
NAME	MILKEY, MIKE		3.2 N/	AME						
STREET ADDRESS			3.3 \$1	REET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL		3.4. C	ITY-ST-ZIP						
TITLE	S	DELETE	4.1 10	TLE				Change	Addition	
NAME	STILL, LISA		4. 2 N	AME						
STREET ADDRESS	1 0000 00000000000000000000000000000000	1	4.3 \$1	REET ADORESS						
CITY - S1 - ZIP	JACKSONVILLE FL		4.4 CI	TY-ST-ZIP						
TITLE	T	DELETE	5.1 Tt	TLE				Change	Addition	
NAME	CARLSON, SHARON		5.2 N	ME						
STREET ANNRESS	9074 VINEYARD LAKE ROAD		590	REET ADDRESS						

JACKSONVILLE FL 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

CITY - ST - ZIP

TITLE

JACKSONVILLE FL

JANTZ, CHARLES R.

8334 AMHERST HILLS LANE

DELETE

Change

Addition

**FILED** 

May 06 1997 8:00am

Secretary of State