


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90013 014 \*\*\*\*61.25

<b>DOCUMENT # N93000002509</b> 1. Entity Name <b>DEER CREEK GOLF &amp; TENNIS RV RESORT PHASE THREE-B HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business 616 ARNOLD PALMER DR. DAVENPORT, FL 33837 US			Mailing Address 616 ARNOLD PALMER DR. EAGLES VIEW DAVENPORT, FL 33837 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KARBATSCH, JIM 721 ARNOLD PALMER DR DAVENPORT, FL 33837			Name <b>RUBY LAVERTY</b> Street Address (P.O. Box Number is Not Acceptable) <b>611 ARNOLD PALMER DR</b> City <b>DAVENPORT</b> FL Zip Code <b>33837</b>		
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 <b>RUBY I LAVERTY TO Ruby I Lavery</b> <b>Feb 16, 2006</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FROSCH, SUE <input type="checkbox"/> Delete 525 ARNOLD PALMER DR DAVENPORT, FL 33837		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DUBOIS, ROGER <input type="checkbox"/> Delete 713 ARNOLD PALMER DR DAVENPORT, FL 33837		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DENNING, JAMES <input type="checkbox"/> Delete 100 GARY PLAYER DR DAVENPORT, FL 33837		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAVERTY, RUBY I <input type="checkbox"/> Delete 611 ARNOLD PALMER DR DAVENPORT, FL 33837		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete SARDESON, GORDON 229 ARNOLD PALMER DR. DAVENPORT, FL 33837		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>CURT DOERRER</b> <b>134 ARNOLD PALMER DR</b> <b>DAVENPORT, FL 33837</b>	
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: Ruby I Lavery TO Ruby I Lavery</b> <b>FEB 16, 2006</b> <b>863 424-0888</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					