2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002509

FILED Feb 19, 2007 Secretary of State

Entity Name: DEER CREEK GOLF & TENNIS RV RESORT PHASE THREE-B HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 616 ARNOLD PALMER DR. DAVENPORT, FL 33837 **Current Mailing Address: New Mailing Address:** 616 ARNOLD PALMER DR. **EAGLES VIEW** DAVENPORT, FL 33837 FEI Number: 59-3276857 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAVERTY, RUBY 611 ARNÓLD PALMER DR DAVENPORT, FL 33837 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FROSCH, SUE Name: Name: 525 ARNOLD PALMER DR Address: Address: City-St-Zip: DAVENPORT, FL 33837 City-St-Zip: Title: VPD () Delete Title: (X) Change () Addition DUBOIS, ROGER Name: MIKE, CARUSO Name: Address: 713 ARNOLD PALMER DR Address: 328 GARY PLAYER DR City-St-Zip: DAVENPORT, FL 33837 City-St-Zip: DAVENPORT, FL 33837 Title: () Delete Title: SD (X) Change () Addition DENNING, JAMES MOORE, RUTH Name: Name: 100 GARY PLAYER DR Address: Address: 447 ARNOLD PALMER DR City-St-Zip: DAVENPORT, FL 33837 City-St-Zip: DAVENPORT, FL 33837 Title: () Delete Title: () Change () Addition LAVERTY, RUBY I Name: Name: 611 ARNOLD PALMER DR Address: Address: City-St-Zip: DAVENPORT, FL 33837 City-St-Zip: Title: () Delete Title: VPD (X) Change () Addition DOERRER, CURT DOERRER, CURT Name: Name: 134 ARNOLD PALMER DR 134 ARNOLD PALMER DR Address: Address: City-St-Zip: DAVENPORT, FL 33837 City-St-Zip: DAVENPORT, FL 33837

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUBY LAVERTY TD 02/19/2007