

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002509

FILED
Apr 06, 2009
Secretary of State

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

Current Principal Place of Business:

616 ARNOLD PALMER DR.
DAVENPORT, FL 33837 US

New Principal Place of Business:

Current Mailing Address:

616 ARNOLD PALMER DR.
EAGLES VIEW
DAVENPORT, FL 33837 US

New Mailing Address:

FEI Number: 59-3276857 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LAVERTY, RUBY
611 ARNOLD PALMER DR
DAVENPORT, FL 33837 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: CARUSO, MIKE
Address: 328 GARY PLAYER DR
City-St-Zip: DAVENPORT, FL 33837

Title: D () Delete
Name: RICHARD, BAMBERG
Address: 415 ARNOLD PALMER DR
City-St-Zip: DAVENPORT, FL 33837

Title: SD () Delete
Name: MOORE, RUTH
Address: 447 ARNOLD PALMER DR
City-St-Zip: DAVENPORT, FL 33837

Title: TD () Delete
Name: LAVERTY, RUBY I
Address: 611 ARNOLD PALMER DR
City-St-Zip: DAVENPORT, FL 33837

Title: VPD () Delete
Name: DOERRER, CURT
Address: 134 ARNOLD PALMER DR
City-St-Zip: DAVENPORT, FL 33837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: FISHER, PAT
Address: 154 JACK NICKLAUS LN
City-St-Zip: DAVENPORT, FL 33837

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

TREA

04/06/2009

Electronic Signature of Signing Officer or Director

Date