

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90409 025 ****70.00

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1. Entity Name
**PHASE TWO DEER CREEK GOLF & TENNIS RV RESORT
PROPERTY OWNERS (CLASS A) ASSOCIATION, INC.**



Principal Place of Business
**500 S. FLORIDA AVE
700
LAKELAND, FL 33-8011**

Mailing Address
**PO BOX 5252
LAKELAND, FL 33807**



01152004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CLARK, RONALD L
500 S. FLORIDA AVE
#800
LAKELAND, FL 33801**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MAXWELL, LAWRENCE W
STREET ADDRESS 500 S. FLORIDA AVE , #700
CITY-ST-ZIP LAKELAND, FL 33801

TITLE STD
NAME KELLEY, KIM
STREET ADDRESS 500 S. FLORIDA AVE , #700
CITY-ST-ZIP LAKELAND, FL 33801

TITLE D
NAME MAXWELL, TODD
STREET ADDRESS 500 S. FLORIDA AVE , #700
CITY-ST-ZIP LAKELAND, FL 33801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04 863-647-1581
Date Daytime Phone #

Kim S. Kelley