

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90202 017 \*\*\*\*70.00

**DOCUMENT # N96000004265**

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**

**60034310**



04282006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

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

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

SIGNATURE:

*Kim S. Kelley*  
**Kim S. Kelley**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/06**  
Date

**863-647-1581**  
Daytime Phone #