

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000006629

1. Entity Name
DEER CREEK GOLF & TENNIS RV RESORT PHASE III-G
HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
500 S FLORIDA AVE
700
LAKELAND, FL 33801

Mailing Address
PO BOX 5252
LAKELAND, FL 33807



04272005 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**

5. Name and Address of Current Registered Agent

MAXWELL, LAWRENCE TODD
500 S FLORIDA AVE
#700
LAKELAND, FL 33801

**DO NOT WRITE
IN THIS SPACE**

6. 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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

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05/02/05 00150 000 70:00

10. OFFICERS AND DIRECTORS

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

TITLE VPD
NAME MAXWELL, LAWRENCE TODD
STREET ADDRESS 500 S FLORIDA AVE
CITY-ST-ZIP LAKELAND, FL 33801

TITLE STD
NAME KELLEY, KIM
STREET ADDRESS 500 S FLORIDA AVE
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

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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:

Kim S Kelley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05

Date

863-447-1581

Daytime Phone

Kim S Kelley