

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

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

05-02-2006 90202 015 ****70.00

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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**

60034010



04282006 No Chg-NP CR2E037 (4/06)

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
KELLEY, KIM
500 S FLORIDA AVE
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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Kim S Kelley

4/28/06 *863-647-1581*
Date Daytime Phone #