
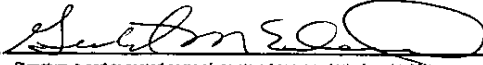



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90081 038 ****70.00

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		
2. Principal Place of Business - No P.O. Box # 131 AUGUSTA AVE		3. Mailing Address 131 AUGUSTA AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DAVENPORT FL		City & State DAVENPORT FL		4. FEI Number NOT APPLICABLE	
Zip 33837		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAXWELL, LAWRENCE TODD 500 S FLORIDA AVE #700 LAKELAND, FL 33801			7. Name and Address of New Registered Agent Name: EDWARDS, JERRY Street Address (P.O. Box Number is Not Acceptable): 131 AUGUSTA AVE City: DAVENPORT FL Zip Code: 33837		
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: 				DATE: 4-4-07	
Filing Fee is \$61.25 Due by May 1, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME MAXWELL, LAWRENCE W STREET ADDRESS 500 S FLORIDA AVE CITY-ST-ZIP LAKELAND, FL 33801	<input checked="" type="checkbox"/> Delete		TITLE PD NAME EDWARDS, JERRY STREET ADDRESS 131 AUGUSTA AVE CITY-ST-ZIP DAVENPORT, FL 33837	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VPD NAME MAXWELL, LAWRENCE TODD STREET ADDRESS 500 S FLORIDA AVE CITY-ST-ZIP LAKELAND, FL 33801	<input checked="" type="checkbox"/> Delete		TITLE SD NAME HACHTEL, GEORGE STREET ADDRESS 255 PAR PINES BLVD CITY-ST-ZIP DAVENPORT, FL 33837	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE STD NAME KELLEY, KIM STREET ADDRESS 500 S FLORIDA AVE CITY-ST-ZIP LAKELAND, FL 33801	<input checked="" type="checkbox"/> Delete		TITLE TD NAME PREHER, MARVA STREET ADDRESS 344 SAWGRASS ST CITY-ST-ZIP DAVENPORT, FL 33837	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE VPD NAME ZABELL, WARREN STREET ADDRESS 104 PAR PINES BLVD CITY-ST-ZIP DAVENPORT FL 33837	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE D NAME SPECK, JORETA STREET ADDRESS 112 AUGUSTA AVE CITY-ST-ZIP DAVENPORT, FL 33837	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 				DATE: 4-4-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	