

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90058 006 \*\*\*\*61.25

**DOCUMENT # N99000001461**

1. Entity Name

**DEER CREEK LANDING HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

RR 24, BOX 60419  
 LAKE CITY FL 32024

RR 24, BOX 60419  
 LAKE CITY FL 32024

2. Principal Place of Business

3. Mailing Address

RR 24, Box 60401  
 Suite, Apt. #, etc.

RR 24, Box 60401  
 Suite, Apt. #, etc.

City & State

Lake City, FL 32024

City & State

Lake City, FL

Zip

Country

Columbia

Zip

32024

Country

Columbia

4. FEI Number

59-3582936

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUSGROVE, CLYDE B  
 RR 24, BOX 60419  
 LAKE CITY FL 32024

Name: Lottie A. Keplinger

Street Address (P.O. Box Number is Not Acceptable)  
 RR 24, Box 60430

City: Lake City

FL

Zip Code: 32024

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.

SIGNATURE

Lottie A. Keplinger, President Lottie A. Keplinger 2/21/2002

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D  Delete  
 NAME: MUSGROVE, CLYDE B  
 STREET ADDRESS: RR 24, BOX 60419  
 CITY-ST-ZIP: LAKE CITY FL 32024

TITLE: PRESIDENT/D  Change  Addition  
 NAME: Lottie A. Keplinger  
 STREET ADDRESS: RR 24, Box 60430  
 CITY-ST-ZIP: Lake City, FL 32024

TITLE: D  Delete  
 NAME: FRIER, WAYNE  
 STREET ADDRESS: RR 24, BOX 60419  
 CITY-ST-ZIP: LAKE CITY, FL 32024

TITLE: Vice-president/D  Change  Addition  
 NAME: Harry Watkins, JR.  
 STREET ADDRESS: RR 24, Box 60418  
 CITY-ST-ZIP: Lake City, FL 32024

TITLE: D  Delete  
 NAME: WOOD, LINDA  
 STREET ADDRESS: RR 24, BOX 60419  
 CITY-ST-ZIP: LAKE CITY FL 32024

TITLE: Secretary/Treasurer/D  Change  Addition  
 NAME: Charley Knox  
 STREET ADDRESS: RR24, Box 60430  
 CITY-ST-ZIP: Lake City, FL 32024

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

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:

Lottie A. Keplinger

2/21/2002

(386) 754-8720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E037 (9/01)