


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90023 021 ****70.00

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1. Entity Name
DEER CREEK LANDING HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**PO BOX 2344
 LAKE CITY, FL 32056**

Mailing Address
**PO BOX 2344
 LAKE CITY, FL 32056**

40055100



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

07112006 Chg-NP CR2E037 (4/06)

City & State

4. FEI Number
59-3582936

Applied For
 Not Applicable

City & State

Zip Country

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

**KING, JERRY
 234 SW WHITETAIL CIR
 LAKE CITY, FL 32024**

Name **WAYNE H. ANDERSON**
 Street Address (P.O. Box Number is Not Acceptable)
130 S.W. TREY WAY
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Wayne H. Anderson* **WAYNE H. ANDERSON** DATE **7-12-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 6, 2006

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZAKETT, FRANK 125 SW WHITETAIL CIRCLE LAKE CITY, FL 32024 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WATKINS, JR, HARRY 710 SW WHITETAIL CIR LAKE CITY, FL 32024 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STANFORD, BRANDON 140 SW DOE CIRCLE LAKE CITY, FL 32024 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WAYNE H. ANDERSON 130 S.W. TREY WAY LAKE CITY FL 32024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DOUGLAS MCPHEE 541 S.W. WHITETAIL CIR. LAKE CITY FL 32024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GAIL MCPHEE 541 S.W. WHITETAIL CIR. LAKE CITY, FL 32024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THEODORE TURNER 606 S.W. WHITETAIL CIR. LAKE CITY, FL 32024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Gail McPhee* **Gail McPhee** DATE **7-12-06** DAYTIME PHONE # **356-7551898**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR