


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State


DOCUMENT # N99000001461

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



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

DO NOT WRITE IN THIS SPACE



03312007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3582936	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, WAYNE H
130 SW. TREU WAU
LAKE CITY, FL 32024

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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 DATE: 4/18/07

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

Filing Fee is \$81.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ANDERSON, WAYNE H
STREET ADDRESS	130 SW TREY WAY
CITY-ST-ZIP	LAKE CITY, FL 32024
TITLE	VPD
NAME	MCPHEE, DOUGLAS
STREET ADDRESS	541 SW WHITETAIL CIR
CITY-ST-ZIP	LAKE CITY, FL 32024
TITLE	STD
NAME	MCPHEE, GAIL
STREET ADDRESS	541 SW WHITETAIL CIR
CITY-ST-ZIP	LAKE CITY, FL 32024
TITLE	D
NAME	TURNER, THEODORE
STREET ADDRESS	606 SW WHITETAIL CIR
CITY-ST-ZIP	LAKE CITY, FL 32024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000725242
 05/03/07-80014-013 70.00

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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: Wayne H Anderson DATE: 4/18/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #