

04/30/2004 12:40

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MAY MANAGEN

APR-30-2004 FRI 10:43 AM

BUSINESS BOOKS INC

FAX No.

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90238 040 ****61.25

**2004 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 705758			
1. Entity Name THE DEERWOOD IMPROVEMENT ASSOCIATION, INC.			
Principal Place of Business 10239 GOLF CLUB DR. JACKSONVILLE, FL 32256 US		Mailing Address 70239 GOLF CLUB DR. JACKSONVILLE, FL 32256 US	
2. Principal Place of Business		3. Mailing Address 5455 Hwy AIA So.	
Bldg., Apt. #, etc.		Bldg., Apt. #, etc.	
City & State		City & State St. Augustine, FL	
Zip	Country	Zip	Country
		32080	USA
4. Name and Address of Current Registered Agent		5. Name and Address of New Registered Agent	
SAWYER, JOHN C JR 200 NORTH LAURA STREET, 12TH FLOOR JACKSONVILLE, FL 32202		Name MAY Management Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 5455 AIA South St. Augustine FL City FL Zip Code 32080	
6. 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 (if applicable)		DATE 4/30/04 Date	
Filing Fee is \$81.25 Due by May 1, 2004		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete CUSICK, PATRICK 10378 DEERWOOD CLUB ROAD JACKSONVILLE, FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition PD Tom McConnell 8210 Shade Tree Ct. Jacksonville, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Delete POQUETTE, JOSEPH 7887 WINDWARD WAY W JACKSONVILLE, FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition VD Glynn Thomas 8179 Sabal Oak Lane Jacksonville, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Delete SD EVANS, LEE 8163 GREEN GLADE RD. JACKSONVILLE, FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition SD George Fipp 7639 Hollyridge Circle Jacksonville, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete TD ROOT, RICK 8444 STABLES RD. JACKSONVILLE, FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Delete PD ELTRICH, MARTIN 8144 WOODPECKER TRL JACKSONVILLE, FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or other like empowered.			
SIGNATURE:  Signature and typed or printed name of signing officer or director		DATE 4/30/04 Date	

Richard D. Root, Treasurer

14021961



02172004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1088392 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name **MAY Management Services, Inc.**
 Street Address (P.O. Box Number is Not Acceptable)
5455 AIA South
St. Augustine FL
 City **FL** Zip Code **32080**

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 **4/30/04**

Filing Fee is \$81.25
 Due by May 1, 2004

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	☐ Delete
NAME	CUSICK, PATRICK
STREET ADDRESS	10378 DEERWOOD CLUB ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	☒ Delete
NAME	POQUETTE, JOSEPH
STREET ADDRESS	7887 WINDWARD WAY W
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	☒ Delete
NAME	SD EVANS, LEE
STREET ADDRESS	8163 GREEN GLADE RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	☐ Delete
NAME	TD ROOT, RICK
STREET ADDRESS	8444 STABLES RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	☒ Delete
NAME	PD ELTRICH, MARTIN
STREET ADDRESS	8144 WOODPECKER TRL
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☒ Addition
NAME	PD Tom McConnell
STREET ADDRESS	8210 Shade Tree Ct.
CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	☐ Change ☒ Addition
NAME	VD Glynn Thomas
STREET ADDRESS	8179 Sabal Oak Lane
CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	☐ Change ☒ Addition
NAME	SD George Fipp
STREET ADDRESS	7639 Hollyridge Circle
CITY-ST-ZIP	Jacksonville, FL 32256
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)(f), 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or other like empowered.

SIGNATURE: 
 Signature and typed or printed name of signing officer or director

Richard D. Root, Treasurer