

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90107 015 ****61.25



DOCUMENT # N01000007269 1. Entity Name DEER LAKES OWNERS' ASSOCIATION, INC.			
Principal Place of Business 100 PARNELL STREET MERRITT ISLAND FL 32953		Mailing Address 100 PARNELL STREET MERRITT ISLAND FL 32953	
2. Principal Place of Business P.O. Box 411028 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Melbourne, FL		City & State	
Zip 32941		Country Brevard	
4. FEI Number 59-3755486		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOYNAHAN, JOHN H JR 100 PARNELL STREET MERRITT ISLAND FL 32953		7. Name and Address of New Registered Agent Name: IRENE Sullivan Street Address (P.O. Box Number is Not Acceptable): 3284 Cloudbury, FL City: Melbourne, FL Zip Code: 32940	
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: <u>Irene Sullivan</u> DATE: <u>3/31/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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: D NAME: MOYNAHAN, JOHN H JR STREET ADDRESS: 100 PARNELL STREET CITY-ST-ZIP: MERRITT ISLAND FL 32953	<input type="checkbox"/> Delete	TITLE: D NAME: IRENE Sullivan STREET ADDRESS: P.O. Box 411028 CITY-ST-ZIP: Melbourne, FL 32941	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: MOYNAHAN, SUSAN M STREET ADDRESS: 100 PARNELL STREET CITY-ST-ZIP: MERRITT ISLAND FL 32953	<input type="checkbox"/> Delete	TITLE: D NAME: Dick Gentile STREET ADDRESS: P.O. Box 411028 CITY-ST-ZIP: Melbourne, FL 32941	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: WOODS, LISA F STREET ADDRESS: 100 PARNELL STREET CITY-ST-ZIP: MERRITT ISLAND FL 32953	<input type="checkbox"/> Delete	TITLE: D NAME: Dick Rivers STREET ADDRESS: P.O. Box 411028 CITY-ST-ZIP: Melbourne, FL 32941	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Irene Sullivan</u>		Date: <u>3/31/05</u> 321-960-7344	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	