


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90049 019 ****61.25

DOCUMENT # N01000007269

1. Entity Name
DEER LAKES OWNERS' ASSOCIATION, INC.



Principal Place of Business
**3371 DEER LAKES DR.
 MELBOURNE, FL 32940**

Mailing Address
**P.O. BOX 411028
 MELBOURNE, FL 32940**

2. Principal Place of Business - No P.O. Box #
1331 Bedford Dr

3. Mailing Address
 Suite, Apt. #, etc.
103

City & State
Melbourne, FL

City & State
 City & State

Zip
32940 Country
USA

Zip Country



01182008 Chg-NP CR2E037 (12/06)

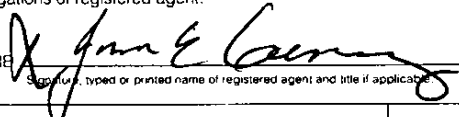
4. FEI Number
59-3755486 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**FAZZINO, PAMELA
 3371 DEER LAKES DR.
 MELBOURNE, FL 32940**

7. Name and Address of New Registered Agent
 Name **James Kenney**
 Street Address (P.O. Box Number is Not Acceptable)
1331 Bedford DR # 103
 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  DATE **1/18/08**

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

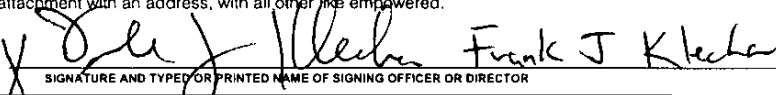
Filing Fee is \$61.25 Due by May 1, 2008

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 D NAME KLECHA, FRANK STREET ADDRESS P.O. BOX 411028 CITY-ST-ZIP MELBOURNE, FL 32941	<input type="checkbox"/> Delete	TITLE PD NAME NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME FAZZINO, PAMELA STREET ADDRESS P.O. BOX 411028 CITY-ST-ZIP MELBOURNE, FL 32941	<input type="checkbox"/> Delete	TITLE SD NAME Wagner, Susan STREET ADDRESS 3381 Deer Lakes Dr CITY-ST-ZIP Melb., FL 32940	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME JOHNSON, GLENN STREET ADDRESS P.O. BOX 411028 CITY-ST-ZIP MELBOURNE, FL 32941	<input type="checkbox"/> Delete	TITLE VTD NAME NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE D NAME Forsberg, Sally STREET ADDRESS 4883 Outlook Dr. CITY-ST-ZIP Melb., FL 32940	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE D NAME McCoy, Grady STREET ADDRESS 4862 Outlook Dr. CITY-ST-ZIP Melb., FL 32940	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE D NAME Brock, Kennis STREET ADDRESS 3350 Deer Lakes Dr. CITY-ST-ZIP Melb., FL 32940	<input type="checkbox"/> Change <input checked="" 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:  DATE **1/18/08** DAYTIME PHONE # **321-604-7134**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR