2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# N02000007512

Entity Name: DEER PATH ESTATES PHASE I PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4929 SW 2ND CT
OCALA, FL 34474

New Principal Place of Business:

4929 SW 2ND CT
OCALA, FL 34471

Current Mailing Address:

PO BOX 1074
OCALA, FL 344781074

New Mailing Address:

FEI Number: 54-2096660 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MURPHY, BARBARA
4929 SW 2ND CT
OCALA, FL 34474 US

Name and Address of New Registered Agent:

MURPHY, BARBARA
4929 SW 2ND CT
OCALA, FL 34471 US

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.

SIGNATURE: _____ 04/01/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MURPHY, JERRY R
Address: P.O. BOX 4469
City-St-Zip: OCALA, FL 34478

Title: VTD ( ) Delete
Name: MURPHY, BARBARA S
Address: P.O. BOX 4469
City-St-Zip: OCALA, FL 34478

Title: SD ( ) Delete
Name: KAUFMAN, KATHRYN M
Address: P.O. BOX 4469
City-St-Zip: OCALA, FL 34478

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: KAUFMAN, KATHRYN M
Address: PO BOX 4469
City-St-Zip: OCALA, FL 34478

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA S MURPHY VTD 04/01/2009
Electronic Signature of Signing Officer or Director — Date