

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

08-22-2006 90029 003 *****70.00


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N05000000110
1. Entity Name
DEERWOOD COMMONS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
1150B E. HALLANDALE BCH BLVD.
HALLANDALE BCH, FL 33009

Mailing Address
1150B E. HALLANDALE BCH BLVD.
HALLANDALE BCH, FL 33009

2. Principal Place of Business
13913 SW 119 Ave
Suite, Apt. #, etc.

3. Mailing Address
10165 NW 19 Street
Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami FL

Zip Country
33186 USA

Zip Country
33172 USA



07102006 Chg-NP CR2E037 (4/06)

4. FEI Number
54-2164910


Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
LECHTER, ROBERT
1150B E. HALLANDALE BCH BLVD.
HALLANDALE BCH, FL 33009

7. Name and Address of New Registered Agent
Name
Michael J. Mann
Street Address (P.O. Box Number is Not Acceptable)
13913 SW 119th Ave
City
Miami FL Zip Code
33186

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 7/10/06

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

Filing Fee is \$61.25 Due by September 6, 2006

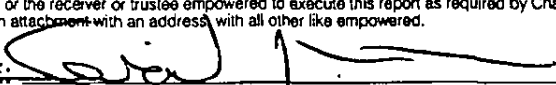
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LECHTER, ROBERT 1150B E. HALLANDALE BCH BLVD. HALLANDALE BCH, FL 33009	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOUSTON, BRETT 1150B E. HALLANDALE BCH BLVD. HALLANDALE BCH, FL 33009	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MENDEZ, HECTOR 1150B E. HALLANDALE BCH BLVD. HALLANDALE BCH, FL 33009	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Michael J Mann, 13913 SW 119th Ave, MIAMI FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Josh Nawarra 13961 SW 119th Ave MIAMI FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Paul Estopinan 13943 SW 119th Ave, MIAMI FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Michael Saco 13955 SW 119th Ave, MIAMI FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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 JUL 10 2006 DAYTIME PHONE # 305-720-7744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J Mann - President

7/10/19