


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90028 019 \*\*\*\*61.25

DOCUMENT # N48670			
1. Entity Name DEERFIELD POINTE HOMEOWNER'S ASSOCIATION, INC.			
Principal Place of Business 286 FAWNDRIDGE LANE ORANGE PARK, FL 32073 US		Mailing Address 286 FAWNDRIDGE LANE ORANGE PARK, FL 32073 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
EILEDS, WILLIAM D 13110 PROFESSIONAL DR. SUITE 200A JACKSONVILLE, FL 32225		LINDA F. TRAYLOR Name Street Address (P.O. Box Number is Not Acceptable) 9191 R.G. SKINNER PKWY, SUITE 602 City JACKSONVILLE FL Zip Code 32256	
B. 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 <i>Linda F. Traylor</i>		DATE 4-22-08	
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. <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	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, CHARLES	NAME	
STREET ADDRESS	286 FAWNDRIDGE LN	STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK, FL 32073	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, LARRY	NAME	
STREET ADDRESS	3214 DEERFIELD POINTE DR	STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK, FL 32073	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, ANDY	NAME	
STREET ADDRESS	289 FAWNDRIDGE LN	STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK, FL 32073	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEHART, MICHAEL	NAME	
STREET ADDRESS	3406 DEERFIELD POINTE DR	STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK, FL 32073	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Linda F. Traylor</i> CAM		DATE: 4-26-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
Manager for Deerfield Pointe		Daytime Phone #: (904) 221-8070	



01092008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3142442 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
 EILEDS, WILLIAM D  
 13110 PROFESSIONAL DR.  
 SUITE 200A  
 JACKSONVILLE, FL 32225

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 9191 R.G. SKINNER PKWY, SUITE 602  
 City  
 JACKSONVILLE FL Zip Code  
 32256

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Manager for Deerfield Pointe