
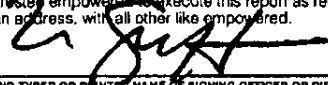


**2004 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

04-16-2004 90089 002 ****61.25
N99000003878

04 APR 23 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|---|-------------------------|---|--|---|--|
| DOCUMENT # N99000003878 | | | |  | |
| 1. Entity Name DEERWOOD COUNTRY CLUB, INC. | | | | | |
| Principal Place of Business 10239 GOLF CLUB DRIVE JACKSONVILLE, FL 32256 | | | Mailing Address 10239 GOLF CLUB DRIVE JACKSONVILLE, FL 32256 | | |
| 2. Principal Place of Business | | | 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 | |
| EDCOLAW, INC. 6 EAST BAY STREET SUITE 500 JACKSONVILLE, FL 32202 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | |
| | | | | FL | Zip Code |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Amended AR is \$61.25 | | 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 | P | <input type="checkbox"/> Delete | TITLE | Immediate Past Pres. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KATTMAN, JOHN | | NAME | Bruce Taylor | |
| STREET ADDRESS | 8186 BLUE JAY LANE | | STREET ADDRESS | 8343 Hollyridge Road | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32256 | | CITY-ST-ZIP | Jacksonville, FL 32256 | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GRIFFIN, TAD | | NAME | | |
| STREET ADDRESS | 1 INDEPEND DR., #1900 | | STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32202 | | CITY-ST-ZIP | | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GIBBS, ALAN | | NAME | | |
| STREET ADDRESS | 7806 WOODSDALE LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32256 | | CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CANGEMI, JOHN DR. | | NAME | | |
| STREET ADDRESS | 7551 HOLLY RIDGE ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32256 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HELQUIST, ED | | NAME | | |
| STREET ADDRESS | 7894 HUNTERS GROVE ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32256 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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:  | | | Date: 4/8/04 (604) 641-6100 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |