

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000007843

1. Entity Name

**DEER PARK COMMERCIAL PROPERTY OWNER'S
ASSOCIATION, INC.**



Principal Place of Business

**8105 S.R. 54
NEW PORT RICHEY, FL 34655**

Mailing Address

**8105 S.R. 54
NEW PORT RICHEY, FL 34655**



01042005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3697372

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BUCK, PATRICIA O
8105 SR 54
NEW PORT RICHEY, FL 34655**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10.

OFFICERS AND DIRECTORS

**TITLE PD
NAME BUCK, PATRICIA O
STREET ADDRESS 8105 S. R. 54
CITY-ST-ZIP NEW PORT RICHEY, FL 34655**

**TITLE VD
NAME ORSI, JOE
STREET ADDRESS 8105 STATE ROAD 54
CITY-ST-ZIP NEW PORT RICHEY, FL 34655**

**TITLE D
NAME ORSI, PAULA
STREET ADDRESS 8105 STATE ROAD 54
CITY-ST-ZIP NEW PORT RICHEY, FL 34655**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

1100000185054
01/20/05-80057-016 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Pat O Bue President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/05
Date

(727) 375-1414
Daytime Phone #