

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90319 018 \*\*\*\*61.25

|   |   |   |   |  |  |
|---|---|---|---|--|--|
| <b>DOCUMENT # N33053</b><br>1. Entity Name<br><b>DEERWOOD PARK OWNERS ASSOCIATION, INC.</b>   |   |   |   |  |  |
| Principal Place of Business<br><b>9540 SAN JOSE BLVD<br/>P O BOX 23627<br/>JACKSONVILLE, FL 32241</b>   |   |   | Mailing Address<br><b>P.O. BOX 23627<br/>P O BOX 23627<br/>JACKSONVILLE, FL 32241-3627 US</b>   |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   |   | 3. Mailing Address<br>Suite, Apt. #, etc.   |  |  |
| City & State  |   |   | City & State  |  |  |
| Zip   |   | Country   |   | Zip  |  |
| Country   |   | Country   |   | 02102005    Chg-NP    CR2E037 (10/03)                  |  |
| 4. FEI Number<br><b>59-3003032</b>  |   |   |   | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |   |   | <b>\$8.75</b> Additional Fee Required                  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GLAVIN, THOMAS M<br/>9540 SAN JOSE BLVD.<br/>JACKSONVILLE, FL 32257</b>   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |   |   |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00</b> May Be Added to Fees                     |  |
| <b>Make check payable to<br/>Florida Department of State</b>  |   |   |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DVP<br>MCLEOD, LAURA-KOGER <input type="checkbox"/> Delete<br>8880 FREEDOM CROSSING TRAIL # 103<br>JACKSONVILLE, FL 32256       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DP<br>HODGES, TOM - VISTAKON <input checked="" type="checkbox"/> Delete<br>7500 CENTURIAN PARKWAY<br>JACKSONVILLE, FL 32256     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | DP<br>MCLEOD, LAURA <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>8375 DIXIE TRAIL, SUITE 101<br>JACKSONVILLE, FL 32254            |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>AUSTERO, MANUELA S <input checked="" type="checkbox"/> Delete<br>7660 CENTURIAN PKWY<br>JACKSONVILLE, FL 32256             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | D<br>CONSUNJI, BECKY <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>One Independent Drive, Suite 114<br>JACKSONVILLE, FL 32202-5019 |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | STD<br>GLAVIN, THOMAS M <input type="checkbox"/> Delete<br>9540 SAN JOSE BLVD<br>JACKSONVILLE, FL                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>CARREIRO, CARYN <input checked="" type="checkbox"/> Delete<br>10151 DEERWOOD PARK BLVD #200 S115<br>JACKSONVILLE, FL 32256 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | D<br>PARKINSON, DAVE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>7500 CENTURIAN PKWY<br>JACKSONVILLE, FL 32254                   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | D<br>STORMES, JEANNE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>10151 DEERWOOD PK. BLVD. Bld. 100, Ste. 330<br>JACKSONVILLE, FL |  |  |
| 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. |   |   |   |  |  |
| <b>SIGNATURE:</b> <i>Thomas M. Glavin</i> <b>THOMAS M. GLAVIN</b> 4/14/05    904.448.3033<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>   |   |   |   |  |  |