


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90014 036 \*\*\*\*61.25

<b>DOCUMENT #N38511</b> 1. Entity Name <b>DEERFIELD COMMUNITY ASSOCIATION, INC.</b>					
Principal Place of Business <b>1801 COOK AVENUE ORLANDO, FL 32806</b>			Mailing Address <b>1801 COOK AVENUE ORLANDO, FL 32806</b>		
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	4. FEI Number <b>59-2973449</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ASHER, DEAN 1801 COOK AVENUE ORLANDO, FL 32806</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TD STARNES, CHARLES 2861 ROLLING BROAK DRIVE ORLANDO, FL 32837	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VPD FLING, STEVE 2608 BURWOOD AVE ORLANDO, FL 32837	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD STARNES, KATHY 2861 ROLLING BROAK DR ORLANDO, FL 32837	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	SD WOJTASIAK, GLENDA 2764 TOLWORTH AVENUE ORLANDO, FL 32837	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	SD Shaikh, Nasrin 2632 Hoffman Dr. Orlando, FL 32837	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	(Empty)	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <u>Kathleen M. Starnes</u> <b>Kathleen M. Starnes</b> <u>4-30-07</u> <u>407-857-3759</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40114200



04262007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-2973449

Applied For  
Not Applicable

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

TD  
STARNES, CHARLES  
2861 ROLLING BROAK DRIVE  
ORLANDO, FL 32837

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

VPD  
FLING, STEVE  
2608 BURWOOD AVE  
ORLANDO, FL 32837

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

PD  
STARNES, KATHY  
2861 ROLLING BROAK DR  
ORLANDO, FL 32837

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

SD  
WOJTASIAK, GLENDA  
2764 TOLWORTH AVENUE  
ORLANDO, FL 32837

☒ Delete

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STREET ADDRESS  
CITY-ST- ZIP

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☐ Delete

TITLE  
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☐ Change ☐ Addition

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**SIGNATURE:** Kathleen M. Starnes **Kathleen M. Starnes** 4-30-07 407-857-3759  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #