

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724558

FILED  
Apr 29, 2008  
Secretary of State

**Entity Name:** DEERWOOD VILLAS I CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6015 MORROW ST E  
SUITE 107  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

6015 MORROW ST E  
SUITE 107  
JACKSONVILLE, FL 32217

**New Mailing Address:**

**FEI Number:** 59-1460731

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BANNING MANAGEMENT, INC.  
6015 MORROW ST EAST  
SUITE 107  
JACKSONVILLE, FL 32217 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HOWELL, BETTY  
Address: 10111 LEISURE LANE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VD (X) Delete  
Name: GENUARDI, SHELLEY  
Address: 10146 LEISURE LANE NORTH  
City-St-Zip: JACKSONVILLE, FL 32256

Title: TD ( ) Delete  
Name: PARK, ROGER  
Address: 8012 HOLLYRIDGE ROAD  
City-St-Zip: JACKSONVILLE, FL 32256

Title: SD ( ) Delete  
Name: AZIS, DENISE  
Address: 10010 LEISURE LANE NORTH  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D (X) Delete  
Name: STINES, MIDGE  
Address: 10142 LEISURE LANE NORTH  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY HOWELL

PD

04/29/2008

Electronic Signature of Signing Officer or Director

Date