

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 739283**

1. Entity Name  
**DEER FORD PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**4127 NW 27TH LN.  
SUITE A  
GAINESVILLE, FL 32606**

Mailing Address  
**PO BOX 357845  
GAINESVILLE, FL 32635**

**DO NOT WRITE IN THIS SPACE**



01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2899586</b>	Applied For 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**

**LEE, DENNIS G.  
4127 NW 27TH LN., SUITE A  
GAINESVILLE, FL 32606**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LEE, DENNIS G 4127 NW 27TH LN., SUITE A GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD DAVIES, LISA 4127 NW 27TH LN., SUITE A GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONALD, JAN 4127 NW 27TH LN., SUITE A GAINESVILLE, FL 32606
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01/31/07-80030-006 61.25

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IN THIS SPACE**

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.

**SIGNATURE:**

*Dennis G. Lee* **DENNIS G. LEE**

1-16-07 352-334-1976

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #