


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90105 035 ****61.25

DOCUMENT # 740368			
1. Entity Name DEERTREE HILLS, INC.			
Principal Place of Business 1937 SIKA DEER DR. TALLAHASSEE, FL 32304 US		Mailing Address 1905 SIKA DEER DRIVE TALLAHASSEE, FL 32304	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>1937 SIKA DEER DR</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>TALLAHASSEE, FL</i>	
Zip	Country	Zip <i>32304</i>	Country
6. Name and Address of Current Registered Agent KING, RAYNELL 1905 SIKA DEER DR. TALLAHASSEE, FL 32304		7. Name and Address of New Registered Agent Name <i>JOE MOYE</i> Street Address (P.O. Box Number is Not Acceptable) <i>4522 MOORE CIRCLE</i> <i>HL-3</i> City <i>TALLAHASSEE</i> FL Zip Code <i>32304</i>	
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 <i>Joe Moyer</i> <i>JOE MOYE</i>		DATE <i>04-30-08</i>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENTZ, LEO CHAIR-P	NAME	
STREET ADDRESS	2002 SPOTTED DEER DR	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32304	CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YORK, META V-CHAIR	NAME	
STREET ADDRESS	1903 SIKA DEER DR	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32304	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOYE, JOE	NAME	
STREET ADDRESS	1926 SIKA DEER DR	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32304	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete <i>OK</i>	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHOELLES, MARJORIE	NAME	<i>KLOTZ, KENNETH</i>
STREET ADDRESS	5810 WAPITI DEER LN	STREET ADDRESS	<i>5927 RED DEER LN</i>
CITY-ST-ZIP	TALLAHASSEE, FL 32304	CITY-ST-ZIP	<i>TALLAHASSEE FL 32304</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>CHARLIE JOHNSON</i>	NAME	<i>BOARD MEMBER</i>
STREET ADDRESS	<i>5926 RED DEER LN</i>	STREET ADDRESS	<i>HELFAND LENNY</i>
CITY-ST-ZIP	<i>TALLAHASSEE FL 32304</i>	CITY-ST-ZIP	<i>1915 KEY DEER DR</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>RAMON COOBY</i>	NAME	
STREET ADDRESS	<i>2017 SPOTTED DEER DR</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>TALLAHASSEE, FL 32304</i>	CITY-ST-ZIP	
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: <i>Joe Moyer</i> <i>JOE MOYE</i>		DATE <i>04-30-08</i> 5748151	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	