2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740368

FILED Feb 27, 2009 Secretary of State

Entity Name: DEERTREE HILLS, INC.

Current Principal Place of Business: New Principal Place of Business:

1937 SIKA DEER DR.

TALLAHASSEE, FL 32304 US

Current Mailing Address: New Mailing Address:

1937 SIKA DEER DR

TALLAHASSEE, FL 32304 US

FEI Number: 59-1707902 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MOYE, JOE 4522 MOORE CIR

#L-3

TALLAHASSEE, FL 32304 US

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:

City-St-Zip:

City-St-Zip:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

TALLAHASSEE, FL 32304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

TALLAHASSEE, FL 32304

() Change () Addition () Delete

WENTZ, LEO CHAIR-P Name: Name: 2002 SPOTTED DEER DR Address: Address: City-St-Zip: TALLAHASSEE, FL 32304 City-St-Zip:

Title: Title: (X) Change () Addition () Delete YORK, META V-CHAIR Name: Name: BRASWELL, MEREDITH V-CHAIR Address: 1903 SIKA DEER DR Address: 5286 KEY DEER DR

Title: Title: (X) Change () Addition () Delete

MOYE, JOE TREAS MOYE, JOE Name: Name: 1926 SIKA DEER DR 1926 SIKA DEER DR Address: Address: City-St-Zip: TALLAHASSEE, FL 32304 City-St-Zip: TALLAHASSEE, FL 32304

Title: () Delete Title: (X) Change () Addition SCHOELLES, MARJORIE Name: Name: ATKINS, DEBORAH SEC Address: 5810 WAPITI DEER LN Address: 211 SANDERS CEMETERY RD City-St-Zip: TALLAHASSEE, FL 32304 City-St-Zip: SOPCHOPPY, FL 32358

Title: (X) Delete Title: () Change () Addition

COOEY, RAMON Name: Name: 2017 SPOTTED DEER DR Address: Address: TALLAHASSEE, FL 32304 City-St-Zip: 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: JOE MOYE Т 02/27/2009