

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90095 031 ****61.25

DOCUMENT # 754177 1. Entity Name DEERWOOD HOMEOWNERS ASSOCIATION OF ORANGE COUNTY, INC.					
Principal Place of Business 9202 SUTTER CT. ORLANDO, FL 32825			Mailing Address 9202 SUTTER CT. ORLANDO, FL 32825		
2. Principal Place of Business - No P.O. Box # 9218 SONIA ST.		3. Mailing Address 9218 SONIA ST.		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">60025244</div> <div style="margin-top: 10px;"> 01242007 Chg-NP CR2E037 (12/06) </div>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State ORLANDO FL		City & State ORLANDO FL			
Zip 32825		Zip 32825			
Country ORANGE		Country ORANGE		4. FEI Number 59-2796350	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DANEK, GEORGE J. 9202 SUTTER CT. ORLANDO, FL 32825				7. Name and Address of New Registered Agent Name D.B. DUFF Street Address (P.O. Box Number is Not Acceptable) 9218 SONIA ST. City ORLANDO FL Zip Code 32825	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and fee if applicable.</small> </div> <div style="width: 40%; text-align: right;"> 3-14-07 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	DP NAHIKIAN, DAVID 731 WAYWOOD ORLANDO, FL 32835		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER D.B. DUFF 9218 SONIA ST. ORLANDO FL 32825	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCARTHY, KIM 833 DEERWOOD AVE. ORLANDO, FL 32825		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DANEK, GEORGE 9202 SUTTER CT. ORLANDO, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLLEEN, ROSS 9206 SONIA ORLANDO, FL 32825		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS 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:			TREASURER 3/14/07 407-331-6405		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		