


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90026 008 \*\*\*\*61.25

|  |   |
|--|---|
| <b>DOCUMENT # 767208</b>   |  |
| 1. Entity Name<br><b>DEER LAKE RETREAT HOMEOWNERS' ASSOCIATION, INC.</b> |   |

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|--|--|
| Principal Place of Business<br><b>6433 DEER LAKE ROAD<br/>WALNUT HILL FL 32568</b> | Mailing Address<br><b>P. O. BOX 2263<br/>PENSACOLA FL 32513-2263</b> |
|--|--|



|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
| City & State  | City & State                                  |
| Zip   | Country                                       |

1st MOORE CR2E037 (10/06)

|   |  |
|---|--|
| 4. FEI Number<br><b>59-2409362</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>                  |

|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent<br><br><b>SMITH, JANE E<br/>1600 EAST HERNANDEZ STREET<br/>PENSACOLA FL 32503</b> | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><b>FL</b> Zip Code |
|---|---|

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

|  |  |  |
|--|--|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to<br/>Florida Department of State</b> |
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| 10. OFFICERS AND DIRECTORS                       |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP | PD<br>TRUBSHAW, JOHN<br>6584 DEER LAKE DR<br>WALNUT HILL FL 32568 <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP      | PD<br>Garrett, SARA<br>6580 DEER LAKE Rd<br>WALNUT Hill FL 32568 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP | VD<br>GARRETT, SARA<br>6580 DEER LAKE ROAD<br>WALNUT HILL FL 32568 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP      | VD<br>TRUBSHAW, John<br>6584 DEER LAKE Rd<br>WALNUT Hill FL 32568 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP | ST<br>SMITH, JANE<br>1600 E HERNANDEZ ST<br>PENSACOLA FL 32503 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP | D<br>HALFORD, ED<br>6358 DEER LAKE RD<br>WALNUT HILL FL 32508 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP | D<br>HALL, GREG<br>6590 DEER LAKE ROAD<br>WALNUT HILL FL 32568 <input checked="" type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP      | D<br>Frost, Doug<br>5601 SAINT ADAMNAN St.<br>PENSACOLA FL 32503 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP | D<br>HOLMES, FINLEY<br>596 BAY CLIFF CIRCLE<br>GULF BREEZE FL 32561 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Jane E. Smith* **JANE E. SMITH** **850-433-4450**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #