

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2005 8:00 am
Secretary of State

05-10-2005 90111 039 ****70.00

DOCUMENT # N00000000595

1. Entity Name
DEER PATH PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**207 N. MAGNOLIA AVE
OCALA, FL 34475**

Mailing Address
**PO BOX 4288
OCALA, FL 34478-4288**

14017587



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3634519

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRENTELMAN, JOHN C
207 N. MAGNOLIA AVE
OCALA, FL 34475**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 relating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 PD ☐ Delete
NAME GALLOP, CARY
STREET ADDRESS P.O. BOX 4288
CITY-ST-ZIP Ocala, FL 34478

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME KELLY, JOHN
STREET ADDRESS P.O. BOX 4288
CITY-ST-ZIP Ocala, FL 34478

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME DIXON, VICKI
STREET ADDRESS P.O. BOX 4288
CITY-ST-ZIP Ocala, FL 34478

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME GRIMES, HELEN
STREET ADDRESS P.O. BOX 4288
CITY-ST-ZIP Ocala, FL 34478

TITLE ☒ Change ☐ Addition
NAME **SD Kane, Jayne**
STREET ADDRESS **P.O. Box 4288**
CITY-ST-ZIP **Ocala FL 34478**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICKI DIXON

Date

4-25-05

Daytime Phone #

(352) 624-0712