

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000595

FILED
May 10, 2008
Secretary of State

Entity Name: DEER PATH PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

207 N. MAGNOLIA AVE
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

PO BOX 4288
OCALA, FL 34478

New Mailing Address:

FEI Number: 59-3634519 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KELLY, JOHN
Address: P.O. BOX 4288
City-St-Zip: OCALA, FL 34478

Title: VD () Delete
Name: OTERO, AL
Address: P.O. BOX 4288
City-St-Zip: OCALA, FL 34478

Title: TD () Delete
Name: DIXON, VICKI
Address: P.O. BOX 4288
City-St-Zip: OCALA, FL 34478

Title: SD () Delete
Name: WHITAKER, ELENA
Address: P.O. BOX 4288
City-St-Zip: OCALA, FL 34478

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: TURK, BRUCE
Address: P.O. BOX 4288
City-St-Zip: OCALA, FL 34478

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: VICKI DIXON

TD

05/10/2008

Electronic Signature of Signing Officer or Director

Date