## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000002251

FILED Mar 22, 2009 Secretary of State

Entity Name: DEERFIELD ESTATES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business: ERIKA COURT** PENSACOLA, FL 32526 **Current Mailing Address: New Mailing Address:** PO BOX 37482 PENSACOLA, FL 32526 FEI Number: 59-3646138 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: LOZIER, DANIEL SCHULTZ, KERRY ANNE ESQUIRE 24 WEST CHASE STREET 2045 FOUNTAIN PROFESSIONAL CT PENSACOLA, FL 32501 NAVARRE, FL 32566 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: KERRY ANNE SCHULTZ 03/22/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition COWICK, JAY Name: Name: 4001 ERIKA CT Address: Address: City-St-Zip: PENSACOLA, FL 32526 City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete Name: LEE, JEFFREY Name: LEE, JEFFREY F Address: 4177 ERIKA CT Address: 4177 ERIKA CT City-St-Zip: PENSACOLA, FL 32526 City-St-Zip: PENSACOLA, FL 32526 Title: () Delete Title: () Change () Addition KANIA, DONALD Name: Name: Address: 4042 ERIKA CT Address: City-St-Zip: PENSACOLA, FL 32526 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: ZELLNER, JESIKA Name: Address: 4171 ERIKA CT Address: City-St-Zip: PENSACOLA, FL 32526 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: JEFFREY F. LEE D 03/22/2009