

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90034 007 \*\*\*\*61.25

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>DOCUMENT # N01000000655</b><br>1. Entity Name<br><b>DEERWOOD OWNERS ASSOCIATION, INC.</b>   |  |   |  |   |  |
| Principal Place of Business<br>10221 EMERALD COAST PKWY W., STE 23<br>MIRAMAR BEACH, FL 32550  |  |   | Mailing Address<br>10221 EMERALD COAST PKWY W., STE 23<br>MIRAMAR BEACH, FL 32550                                    |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>12273 U.S. Hwy 98</b><br>Suite, Apt. #, etc. <b>208</b>   |  | 3. Mailing Address<br><b>12273 U.S. Hwy 98</b><br>Suite, Apt. #, etc. <b>208</b>            |  |   |  |
| City & State<br><b>Destin Florida</b>  |  | City & State<br><b>Destin FL</b>  |  | 4. FEI Number<br><b>59-3714081</b>  |  |
| Zip<br><b>32550</b>  |  | Country<br><b>US</b>  |  | 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>GELDER, JAY B</b><br><b>EMERALD COAST ASSOCIATION MGT</b><br><b>10221 EMERALD COAST PKWY WEST,</b><br><b>MIRAMAR BEACH, FL 32550</b>   |  |   |  | 7. Name and Address of New Registered Agent<br><br>Name <b>Jim Starnes</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>Suncoast Assoc. Management, Inc.</b><br><b>12273 U.S. Hwy 98, Suite 208</b><br>City <b>Destin</b> <b>FL</b> <b>32550</b> |  |
| 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<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |  | <b>Agent</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small> |  | DATE <b>2-22-07</b>   |  |
| <b>Filing Fee is \$61.25</b><br><b>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 Florida Department of State</b>   |  |   |  |   |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |  |
| TITLE<br>VPD<br>NAME<br>LOCKWOOD, JIM<br>STREET ADDRESS<br>1234 DEERWOOD DR.<br>CITY-ST-ZIP<br>SANDESTIN, FL 32550   | <input type="checkbox"/> Delete            |   | TITLE<br>D<br>NAME<br>Oscar Perez<br>STREET ADDRESS<br>1253 Deerwood Drive<br>CITY-ST-ZIP<br>Miramar Beach, FL 32550 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |
| TITLE<br>PD<br>NAME<br>DUDLEY, JUDY<br>STREET ADDRESS<br>1217 DEERWOOD DR<br>CITY-ST-ZIP<br>SANDESTIN, FL 32550  | <input type="checkbox"/> Delete            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>D<br>NAME<br>MAZZU, SANDY<br>STREET ADDRESS<br>1232 DEERWOOD<br>CITY-ST-ZIP<br>SANDESTIN, FL 32550  | <input checked="" type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>SD<br>NAME<br>BLUNT, JIM<br>STREET ADDRESS<br>1238 DEERWOOD DR.<br>CITY-ST-ZIP<br>SANDESTIN, FL 32550   | <input type="checkbox"/> Delete            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>D<br>NAME<br>MYSLIK, JACK<br>STREET ADDRESS<br>1246 DEERWOOD DRIVE<br>CITY-ST-ZIP<br>SANDESTIN, FL 32550  | <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   | <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 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<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   |  |   |  |
| <small>Date Daytime Phone #</small>  |  |   |  |   |  |