

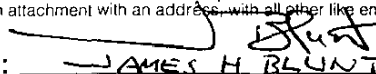


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90027 045 \*\*\*\*61.25

<b>DOCUMENT # N01000000655</b> 1. Entity Name <b>DEERWOOD OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business 12273 US HWY. 98 208 MIRAMAR BEACH, FL 32550			Mailing Address 12273 US HWY. 98 208 MIRAMAR BEACH, FL 32550		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3714081</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>STARNES, JIM</b> <b>SUNCOAST ASSOC. MGMT., INC</b> <b>12273 US HWY. 98, SUITE 208</b> <b>DESTIN, FL 32550</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				1-29-08	
SIGNATURE 				DATE	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2008</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LOCKWOOD, JIM 1234 DEERWOOD DR. SANDESTIN, FL 32550 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Destin
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUDLEY, JUDY 1217 DEERWOOD DR SANDESTIN, FL 32550 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Max Banning 12860 Deerwood Dr. Destin, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, OSCAR 1253 DEERWOOD DR. MIRAMAR BEACH, FL 32550 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Destin
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLUNT, JIM 1238 DEERWOOD DR. SANDESTIN, FL 32550 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Destin
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYSLIK, JACK 1246 DEERWOOD DRIVE SANDESTIN, FL 32550 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Tina Burke 12860 Deerwood Dr. Destin, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS 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: 				1/31/2008 850.267.1019	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	