

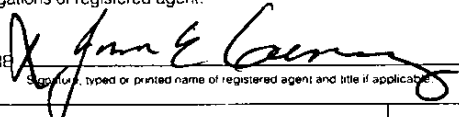
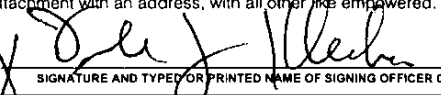


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90049 019 \*\*\*\*61.25

<b>DOCUMENT # N01000007269</b> 1. Entity Name <b>DEER LAKES OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>3371 DEER LAKES DR. MELBOURNE, FL 32940</b>			Mailing Address <b>P.O. BOX 411028 MELBOURNE, FL 32940</b>		
2. Principal Place of Business - No P.O. Box # <b>1331 Bedford Dr</b> Suite, Apt. #, etc. <b>103</b>		3. Mailing Address Suite, Apt. #, etc. 			
City & State <b>Melbourne, FL</b>		City & State 		4. FEI Number <b>59-3755486</b>	
Zip <b>32940</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>FAZZINO, PAMELA 3371 DEER LAKES DR. MELBOURNE, FL 32940</b>				7. Name and Address of New Registered Agent Name <b>James Kenney</b> Street Address (P.O. Box Number is Not Acceptable) <b>1331 Bedford Dr # 103</b> City <b>Melbourne</b> <b>FL</b> Zip Code <b>32940</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 				DATE <b>1/18/08</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLECHA, FRANK P.O. BOX 411028 MELBOURNE, FL 32941	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAZZINO, PAMELA P.O. BOX 411028 MELBOURNE, FL 32941	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Wagner, Susan 3351 Deer Lakes Dr Melb., FL 32940	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, GLENN P.O. BOX 411028 MELBOURNE, FL 32941	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Forsberg, Sally 4883 Outlook Dr. Melb., FL 32940	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McCoy, Grady 4862 Outlook Dr. Melb., FL 32940	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brock, Kennis 3350 Deer Lakes Dr. Melb., FL 32940	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input type="checkbox"/> Change <input checked="" 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 IAs empowered.					
SIGNATURE: 			DATE <b>1/18/08</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Frank J Klecha</b>			Daytime Phone # <b>321-604-7134</b>		