


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

| | | |
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| DOCUMENT # N03000010035 | |  |
| 1. Entity Name DEERWOOD II PROPERTY OWNERS' ASSOCIATION, INC. | | |
| Principal Place of Business 1700 SE 17TH ST, STE 300 OCALA, FL 34471 | Mailing Address 1700 SE 17TH ST, STE 300 OCALA, FL 34471 | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent BOYD, SNOW 1700 SE 17TH ST, STE 300 OCALA, FL 34471 | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)</small> _____ DATE _____ | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5 <input type="checkbox"/> M. <input type="checkbox"/> Ba AC. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP BOYD, ROY T III 1700 SE 17TH ST, STE 300 OCALA, FL 34471 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT BOYD, CHRISTOPHER E 1700 SE 17TH ST, STE 300 OCALA, FL 34471 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS BOYD, SNOW 1700 SE 17TH ST, STE 300 OCALA, FL 34471 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in 190.01, Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 6, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |



02212005 No Chg-NP CR2E037 (10/03)

Number 200074869 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

U00000344195
04/29/05-80125-022 61.25

**NOT WRITE
IN THIS SPACE**

190.01, Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 6, 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.

4-18-05

Date Daytime Phone #