


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2006 08:00 AM
Secretary of State

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		DO NOT WRITE IN THIS SPACE
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 when reissuing)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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	DO NOT WRITE IN THIS SPACE 000000533185 05/06/06-80114-017 61.25
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	
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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: <u>Brian Snow Boyd</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4-20-06</u> Daytime Phone # <u>352-861-2248</u>