

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90015 036 ****61.25

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**

1720 SE 16th Ave, #200

1720 SE 16th Ave, #200

DO NOT WRITE IN THIS SPACE



02082008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
26-0074869

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOYD, SNOW
1720 SE 16TH AVE
OCALA, FL 34471**

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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

Snow Boyd
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
BOYD, ROY T III
1720 SE 16TH AVE BLDG 200
OCALA, FL 34471**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
BOYD, CHRISTOPHER E
1720 SE 16TH AVE BLDG 200
OCALA, FL 34471**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
BOYD, SNOW
1720 SE 16TH AVE BLDG 200
OCALA, FL 34471**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Snow Boyd *Snow Boyd*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-861-2248