

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Jeffrey B. Mottan  
Secretary, State  
Tallahassee, Florida 32399-0001  
(904) 493-1000 (TDD)

**APPROVED  
AND  
FILED**

55 MAY -1 PM 12:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N03640** (2)

DEERPATH UNIT ONE ASSOCIATION, INC.

Principal Place of Business		Mailing Address	
C/O REPKA & JENNINGS, P.A. 28870 U.S. HWY 19 SUITE 408 CLEARWATER FL 34621-2564		C/O REPKA & JENNINGS, P.A. 28870 U.S. HWY 19 SUITE 408 CLEARWATER FL 34621-2564	
2. Principal Place of Business	2a. Mailing Address	21	26
Scale App # 22	Scale App # 27	23	28
City & State	City & State	24	29
County	County	30	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/13/1984	07/26/1994
4. FEI Number	Applied For Not Applicable
59-2426862	
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Nonprofit with 501(c)(3) or 501(c)(29) Exempt Status	<input type="checkbox"/> \$68.75 Supplemental Fee Not Required
8. This corporation has liability for information fee under S. 199.032? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent											
REPKA, DENNIS L 28870 U.S. HWY 19, SUITE 408 CLEARWATER FL 34621-2564		<table border="1"> <tr> <td>B1</td> <td>Name</td> </tr> <tr> <td>B2</td> <td>Street Address - P.O. Box Number or First Acceptance</td> </tr> <tr> <td>B3</td> <td></td> </tr> <tr> <td>B4</td> <td>City</td> </tr> <tr> <td>B5</td> <td>Zip Code</td> </tr> </table>		B1	Name	B2	Street Address - P.O. Box Number or First Acceptance	B3		B4	City	B5	Zip Code
B1	Name												
B2	Street Address - P.O. Box Number or First Acceptance												
B3													
B4	City												
B5	Zip Code												

11. Pursuant to the provisions of Sections 607.01(2)(b) and 607.01(2)(c) of the Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered address or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's Board of Directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.01(2)(b) and 607.01(2)(c) of the Florida Statutes.

SIGNATURE: *Dennis L. Repka* *Jay Mark D. Beasley as Agent* *4/28/95*

12. OFFICERS AND DIRECTORS		13. DIRECTORS	
NAME	PD CARMODY, BART 110 DEERPATH COURT OLDSMAR FL 34677	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VO WANGELIN, JOHN 100 DEERPATH COURT OLDSMAR FL 34677	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD CATANZARO, DAVID 50 DEERPATH COURT OLDSMAR FL 34677	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD BAKER, STEVE 45 DEERPATH DRIVE OKDSMAR FL 34677	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D RAUS, ED 70 WOODGLEN COURT OLDSMAR FL 34677	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D LEMA, LARRY 60 DEERPATH COURT OLDSMAR FL 34677	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is accurate, complete and correct, and comply for the corporation stated in Section 199.032 of the Florida Statutes. Further, I certify that the information indicated on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath. I certify that I am a resident of the corporation or that my signature is required by Chapter 199 of the Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an affidavit filed with this filing.

SIGNATURE: *Dennis L. Repka* *Jay Mark D. Beasley*