

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N03640** (2)

1. Corporation Name
DEERPATH UNIT ONE ASSOCIATION, INC.



Principal Place of Business: **C/O REPKA & JENNINGS, P.A. 28870 U.S. HWY 19, SUITE 408 CLEARWATER FL 34621-2564**
Mailing Address: **C/O REPKA & JENNINGS, P.A. 28870 U.S. HWY 19, SUITE 408 CLEARWATER FL 34621-2564**

3. Date Incorporated or Qualified: **06/13/1984**
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-2426862	Applied For	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**REPKA, DENNIS L
28870 U.S. HWY 19, SUITE 408
CLEARWATER FL 34621-2564**

10. Name and Address of New Registered Agent

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	FL
85	Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMODY, BART	1.2 NAME	Carmody, D. Bart
STREET ADDRESS	110 DEERPATH COURT	1.3 STREET ADDRESS	110 Deerpath Court
CITY-ST-ZIP	OLDSMAR FL 34677	1.4 CITY-ST-ZIP	Oldsmar, FL 34677
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WANGELIN, JOHN	2.2 NAME	Ludden, John
STREET ADDRESS	100 DEERPATH COURT	2.3 STREET ADDRESS	30 Deerpath Court
CITY-ST-ZIP	OLDSMAR FL 34677	2.4 CITY-ST-ZIP	Oldsmar, FL 34677
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATANZARO, DAVID	3.2 NAME	Catanzaro, David
STREET ADDRESS	50 DEERPATH COURT	3.3 STREET ADDRESS	50 Deerpath Court
CITY-ST-ZIP	OLDSMAR FL 34677	3.4 CITY-ST-ZIP	Oldsmar, FL 34677
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, STEPHEN	4.2 NAME	Baker, Stephen
STREET ADDRESS	45 DEERPATH DRIVE	4.3 STREET ADDRESS	45 Deerpath Drive
CITY-ST-ZIP	OKDSMAR FL	4.4 CITY-ST-ZIP	Oldsmar, FL 34677
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILSDORF, NORM	5.2 NAME	Gilsdorf, Norm
STREET ADDRESS	105 DEERPATH DRIVE	5.3 STREET ADDRESS	105 Deerpath Drive
CITY-ST-ZIP	OLDSMAR FL	5.4 CITY-ST-ZIP	Oldsmar, FL 34677
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMA, LARRY	6.2 NAME	Lemma, Larry
STREET ADDRESS	60 DEERPATH COURT	6.3 STREET ADDRESS	60 Deerpat's Court
CITY-ST-ZIP	OLDSMAR FL 34677	6.4 CITY-ST-ZIP	Oldsmar, FL 34677

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *D. Bart Carmody* 2/29/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)