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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

3. Date Incorporated or Qualified 08/13/1984
3a. Date of Last Report 03/07/1996

2. Principal Place of Business
21 800 Tarpon Woods Blvd
Suite, Apt. #, etc. Suite F-1
City & State Palm Harbor FL
Zip 34685 Country Pinellas

4. FEI Number 59-2426862
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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 Jim Nobles Management, Inc.
82 Street Address (P.O. Box Number is Not Acceptable) 800 Tarpon Woods Blvd.
83 Suite F-1
84 City Palm Harbor FL 85 Zip Code 34685

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 *James M. Nobles* James M. Nobles, President 3/10/97
(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	CARMODY, BART	
STREET ADDRESS	110 DEERPATH COURT	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LUDDEN, JOHN	
STREET ADDRESS	30 DEERPATH COURT	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CATANZARO, DAVID	
STREET ADDRESS	50 DEERPATH COURT	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BAKER, STEPHEN	
STREET ADDRESS	45 DEERPATH DRIVE	
CITY-ST-ZIP	OKDSMAR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GILSDORF, NORM	
STREET ADDRESS	105 DEERPATH DRIVE	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LEMMA, LARRY	
STREET ADDRESS	60 DEERPATH COURT	
CITY-ST-ZIP	OLDSMAR FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Edward Raus	
1.3 STREET ADDRESS	70 Woodglen Court	
1.4 CITY-ST-ZIP	Oldsmar FL 34677	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Donna Scramek	
2.3 STREET ADDRESS	70 Deerpath Drive	
2.4 CITY-ST-ZIP	Oldsmar FL 34677	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Joel Epstein	
3.3 STREET ADDRESS	40 Deerpath Court	
3.4 CITY-ST-ZIP	Oldsmar FL 34677	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.B. Carmody* D.B. Carmody 3/12/97 (813) 789-9224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0067447

CR2E037 (9/96)