


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N03640 (2)**  
1. Corporation Name  
**DEERPETH UNIT ONE ASSOCIATION, INC.**



Principal Place of Business		Mailing Address	
%JIM NOBLES MANAGEMENT INC 800 TARPON WOODS BLVD. STE F-1 PALM HARBOR FL 34685 US		TARPON WOODS BLVD SUITE F-1 PALM HARBOR FL 34685 US	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	29
		25	30

3. Date Incorporated or Qualified  
**06/13/1984**

4. FEI Number  
**59-2426862**

Applied For	Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**JIM NOBLES MANAGEMENT INC  
800 TARPON WOODS BLVD  
SUITE F-1  
PALM HARBOR FL 34685**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	TD CARMODY, BART	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	110 DEERPETH COURT	1.2 NAME	
STREET ADDRESS	OLDSMAR FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D SCRAHEK, DONNA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	70 DEERPETH DR	2.2 NAME	
STREET ADDRESS	OLDSMAR FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD EPSTEIN, JOEL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	40 DEERPETH CT	3.2 NAME	
STREET ADDRESS	OLDSMAR FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	PD BAKER, STEPHEN	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	45 DEERPETH DRIVE	4.2 NAME	
STREET ADDRESS	OKDSMAR FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D GILSDORF, NORM	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	105 DEERPETH DRIVE	5.2 NAME	
STREET ADDRESS	OLDSMAR FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *X [Signature]*

CR2E037 (10/97)