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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N03640
 1. Corporation Name
DEERPATH UNIT ONE ASSOCIATION, INC.

Principal Place of Business %JIM NOBLES MANAGEMENT INC 800 TARPON WOODS BLVD. STE F-1 PALM HARBOR FL 34685 US	Mailing Address TARPON WOODS BLVD SUITE F-1 PALM HARBOR FL 34685 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/13/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2426862
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
	Country 29	Trust Fund Contribution <input type="checkbox"/>
	Zip 30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
JIM NOBLES MANAGEMENT INC 800 TARPON WOODS BLVD SUITE F-1 PALM HARBOR FL 34685		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMODY, BART	1.2 NAME	Gilsdorf, Norman
STREET ADDRESS	110 DEERPATH COURT	1.3 STREET ADDRESS	105 Deerpath Drive
CITY-ST-ZIP	OLDSMAR FL	1.4 CITY-ST-ZIP	Oldsmar, FL 34677
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	DT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCRAEK, DONNA	2.2 NAME	Stephen Baker
STREET ADDRESS	70 DEERPATH DR	2.3 STREET ADDRESS	45 Deerpath Drive
CITY-ST-ZIP	OLDSMAR FL	2.4 CITY-ST-ZIP	Oldsmar, FL 34677
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	DS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EPSTEIN, JOEL	3.2 NAME	Terry Thome
STREET ADDRESS	40 DEERPATH CT	3.3 STREET ADDRESS	85 Deerpath Drive
CITY-ST-ZIP	OLDSMAR FL	3.4 CITY-ST-ZIP	Oldsmar, FL 34677
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	DVP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, STEPHEN	4.2 NAME	Gary Marks
STREET ADDRESS	45 DEERPATH DRIVE	4.3 STREET ADDRESS	40 Willowood Lane
CITY-ST-ZIP	OKDSMAR FL	4.4 CITY-ST-ZIP	Oldsmar, FL 34677
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILSDORF, NORM	5.2 NAME	Marvin Alexander
STREET ADDRESS	105 DEERPATH DRIVE	5.3 STREET ADDRESS	90 Deerpath Drive
CITY-ST-ZIP	OLDSMAR FL	5.4 CITY-ST-ZIP	Oldsmar, FL 34677
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	William Backus
STREET ADDRESS		6.3 STREET ADDRESS	80 Woodglen Ct.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Oldsmar, FL 34677

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, with all other like empowered.

SIGNATURE: Stephen Baker **REQUIRED** 2/11/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)