


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90394 015 \*\*\*\*61.25

|  |   |
|--|---|
| <b>DOCUMENT # N03640</b><br>1. Entity Name<br><b>DEERPATH UNIT ONE ASSOCIATION, INC.</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>251 WINDWARD PASSAGE<br/>SUITE F<br/>CLEARWATER FL 33767<br/>US</b> | Mailing Address<br><b>251 WINDWARD PASSAGE<br/>SUITE F<br/>CLEARWATER FL 33767<br/>US</b> |
|---|---|

**24030336**



MOORE CR2E037 (11/03)

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |                                    |                               |
|--------------|--------------|------------------------------------|-------------------------------|
| City & State | City & State | 4. FEI Number<br><b>59-2426862</b> | Applied For<br>Not Applicable |
|--------------|--------------|------------------------------------|-------------------------------|

|     |         |     |         |   |
|-----|---------|-----|---------|---|
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
|-----|---------|-----|---------|---|

|   |   |
|---|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>JIM NOBLES MANAGEMENT INC<br/>251 WINDWARD PASSAGE<br/>SUITE F<br/>CLEARWATER FL 33767</b> | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |
|---|---|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>GILSOORF, NORMAN<br>105 DEERPATH DR<br>OLDSMAR FL 34677 <input checked="" type="checkbox"/> Delete       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>BAKER, STEPHEN<br>45 DEERPATH DRIVE<br>OKDSMAR FL <input type="checkbox"/> Delete                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>BORAWOKI, JENNIFER<br>100 WOODGLEN COURT<br>OLDSMAR FL 34677 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>GRABER, FAYE<br>60 WILLOW WOOD LANE<br>OLDSMAR FL 34667 <input type="checkbox"/> Delete                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD<br>GARY MARKS<br>40 WILLOWOOD LANE<br>OLDSMAR, FL. 34677 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VPD<br>TAMMY GEORGE<br>60 DEERPATH CT.<br>OLDSMAR, FL. 34677 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **3/23/04** **277-786-0005**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #