


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90013 040 ****61.25

DOCUMENT # N03640
1. Entity Name
DEERPATH UNIT ONE ASSOCIATION, INC.

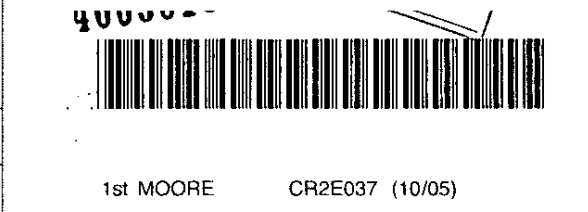


Principal Place of Business Mailing Address
**251 WINDWARD PASSAGE
SUITE F
CLEARWATER FL 33767
US** **251 WINDWARD PASSAGE
SUITE F
CLEARWATER FL 33767
US**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



4. FEI Number **59-2426862** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**JIM NOBLES MANAGEMENT INC
251 WINDWARD PASSAGE
SUITE F
CLEARWATER FL 33767**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	MARKS, GARY	
STREET ADDRESS	40 WILLOWOOD LANE	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BAKER, STEPHEN	
STREET ADDRESS	45 DEERPATH DRIVE	
CITY-ST-ZIP	OKDSMAR FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FRIEND, MICHAEL	
STREET ADDRESS	30 WILLOWOOD LN	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PLEVIN, SANDRA	
STREET ADDRESS	100 DEERPOINT DR	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAC RUSSELL	
STREET ADDRESS	30 DEERPATH DR.	
CITY-ST-ZIP	OLDSMAR, FL. 34677	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DUP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROLINE OLIVER	
STREET ADDRESS	60 DEERPATH DR.	
CITY-ST-ZIP	OLDSMAR, FL. 34677	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  2/28/06