

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90013 009 \*\*\*\*61.25

**DOCUMENT # N03640**

1. Entity Name

DEERPATH UNIT ONE ASSOCIATION, INC.



Principal Place of Business

251 WINDWARD PASSAGE  
SUITE F  
CLEARWATER FL 33767  
US

Mailing Address

251 WINDWARD PASSAGE  
SUITE F  
CLEARWATER FL 33767  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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	DP	<input checked="" type="checkbox"/> Delete
NAME	RUSSEL, MAC	
STREET ADDRESS	30 DEERPATH CT	
CITY-STATE-ZIP	OLDSMAR FL 34677	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAKER, STEPHEN	
STREET ADDRESS	45 DEERPATH DRIVE	
CITY-STATE-ZIP	OKDSMAR FL	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	FRIEND, MICHAEL	
STREET ADDRESS	30 WILLOWOOD LN	
CITY-STATE-ZIP	OLDSMAR FL 34677	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PLEVIN, SANDRA	
STREET ADDRESS	100 DEERPOINT DR	
CITY-STATE-ZIP	OLDSMAR FL 34677	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	OLIVER, CAROLINE	
STREET ADDRESS	60 DEERPATH CT	
CITY-STATE-ZIP	OLDSMAR FL 34677	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGER SLUTZ	
STREET ADDRESS	75 DEERPATH DR.	
CITY-STATE-ZIP	OLDSMAR, FL 34677	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH DONAHUE	
STREET ADDRESS	80 WOODALEN CT.	
CITY-STATE-ZIP	OLDSMAR, FL 34677	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY MARKS	
STREET ADDRESS	40 WILLOWOOD LN.	
CITY-STATE-ZIP	OLDSMAR, FL 34677	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #