

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90024 021 \*\*\*\*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 - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

1st MOORE CR2E037 (10/07)

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, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	DP SLUTZ, ROGER <input checked="" type="checkbox"/> Delete 75 DEERPATH DR. OLDSMAR FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DONAHEY, JOSEPH <input type="checkbox"/> Delete 50 WOODALEN CT. OLDSMAR FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARKS, GARY <input type="checkbox"/> Delete 40 WILLOWOOD LN OLDSMAR FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLEVIN, SANDRA <input type="checkbox"/> Delete 100 DEERPOINT DR OLDSMAR FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS OLIVER, CAROLINE <input type="checkbox"/> Delete 60 DEERPATH CT OLDSMAR FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Donahay, Joseph <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 50 Woodalen Ct. Oldsmar, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-PD Mac Kussell <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 30 Deerpath Ct. Oldsmar, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Parsonis, Gary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 50 Deerpath Dr. Oldsmar, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Evelyn Owens <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10 Deerpath Dr. Oldsmar, FL 34677
TITLE NAME STREET ADDRESS 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 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 another like empowered.

SIGNATURE: *Gary Marks* Gary Marks 3/27/08