

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008687

FILED  
Feb 14, 2011  
Secretary of State

**Entity Name:** DEERWOOD PLACE MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

11512 LAKE MEAD AVE  
SUITE 405  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

7643 GATE PARKWAY  
SUITE 104 PMB 188  
JACKSONVILLE, FL 32256

**New Mailing Address:**

**FEI Number:** 20-1561450

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BALASKIEWICZ, KIM  
11512 LAKE MEAD AVE  
SUITE 405  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: COLBERT, CRAIG  
Address: 7643 GATE PKWY, SUITE 104 PMB 188  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VPD  
Name: RICHWINE, AJ  
Address: 7643 GATE PKWY, SUITE 104 PMB 188  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: TD  
Name: LARKIN, MARSHALL  
Address: 7643 GATE PKWY, SUITE 104 PMB 188  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D  
Name: BOATRIGHT, ED  
Address: 7643 GATE PKWY, SUITE 104 PMB 188  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D  
Name: GAUSE, CAROLE  
Address: 7643 GATE PKWY, SUITE 104 PMB 188  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D  
Name: MCMURRY, JAMES  
Address: 7643 GATE PKWY, SUITE 104 PMB 188  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KIM BALASKIEWICZ

MGR

02/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date

**Derwood Place Master Assoc., Inc.**  
c/o Madison Property Management Solutions  
7643 Gate Parkway Ste. 104, PMB 188, Jacksonville, FL 32256  
Telephone (904) 641-1858 / Fax (904) 641-1171

February 14, 2011

Florida Department of State  
Division of Corporation  
P.O. Box 6198  
Tallahassee, FL 32314

Re: Document Number N04000008687 – 2011 Annual Report Filing  
Request to add 7<sup>th</sup> principal to previously submitted information filed online 02/14/2011  
(Submission Tracking No 700194118037)

Dear Sir/Madam,

Please add the following information to the 2011 annual report filing completed online today, February 14, 2011:

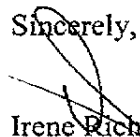
**Officer/Director Name And Address**

**Name and Address #7:**

Title:	D
Name (Last, First, Middle, Title):	ASHBY, JOSHUA
Street Address:	7643 GATE PKWY, SUITE 104 PMB 188
City, State:	JACKSONVILLE, FL
Zip Code & Country:	32256

Please do not hesitate to contact me at (904) 641-1858 should you have any questions or need additional information. Thank you in advance for your time and assistance.

Sincerely,

  
Irene Richardson  
Madison Property Management Solutions  
For: Deerwood Place Master Association, Inc.