

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008687

FILED  
Mar 08, 2012  
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: BOATRIGHT, ED  
Address: 7643 GATE PKWY, SUITE 104 PMB 188  
City-St-Zip: JACKSONVILLE, FL 32256 US

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

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

Title: D  
Name: GLASGOW, SHIRLEY  
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

03/08/2012

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

\_\_\_\_\_  
Date