


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 AM
Secretary of State


DOCUMENT # N05000000110

1. Entity Name
 DEERWOOD COMMONS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 13913 SW 119 AVENUE MIAMI, FL 33186 US	Mailing Address 10165 NW 19 STREET MIAMI, FL 33172 US
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DO NOT WRITE IN THIS SPACE



03262007 No Chg-NP CR2E037 (4/06)

4. FEI Number 54-2164910	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANN, MICHAEL J
 13913 SW 119 AVENUE
 MIAMI, FL 33186

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MANN, MICHAEL J 13913 SW 119 AVENUE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T NAVARRO, JOSH 13961 SW 119TH AVENUE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ESTOPINAN, PAUL 13943 SW 199TH AVENUE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SACO, MICHAEL 13955 SW 119TH AVENUE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 05/14/07-80010-022 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  Michael J. Mann 4/09/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #