

**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**

**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 ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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

**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

U00000739096  
05/14/07-80010-022 61.25

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Michael J. Mann**

**4/09/07**

Date

Daytime Phone #