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Secretary of State

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**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

50001749

DOCUMENT # N05000001511			
1. Entity Name MONTREUX AT DEERWOOD LAKE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 8550 TOUCHTON ROAD #717 JACKSONVILLE, FL 32216		Mailing Address 8550 TOUCHTON ROAD #717 JACKSONVILLE, FL 32216	
2. Principal Place of Business - No P.O. Box # 8550 Touchton RD		3. Mailing Address 8550 Touchton RD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Management Office			
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL	
Zip 32216	Country Dual	Zip 32216	Country Dual
4. FEI Number 20-4236051		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
KAMMERMAN, MARCY H 5900 N ANDREWS AVENUE SUITE 500 FORT LAUDERDALE, FL 33309			
7. Name and Address of New Registered Agent			
Name The Continental Group Inc.			
Street Address (P.O. Box Number is Not Acceptable) 2950 N. 28th Ter			
City Hollywood FL Zip Code 33020			
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 Terrence Reese - Property Manager DATE 3/10/08			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KAMMERMAN, MARCY H 5900 N. ANDREWS AVENUE SUITE 500 FT. LAUDERDALE, FL 33309 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Carol McKinley 8550 Touchton RD. # 911 JACKSONVILLE, FL 32216 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOBBINS, CHRISTOPHER 8550 TOUCHTON RD, UNIT 938 JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST COBBS, JAMES C 7001 LAKE ELLENOR DRIVE, SUITE 200 ORLANDO, FL 32809 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President William Hagerty 8550 Touchton RD. # 334 JACKSONVILLE, FL 32216 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTIN, ANTHONY C 7001 LAKE ELLENOR DRIVE, SUITE 200 ORLANDO, FL 32809 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Rachel DeJesus 8550 Touchton RD. # 716 JACKSONVILLE, FL 32216 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Kevin O'Brien 8550 Touchton RD. # 2121 JACKSONVILLE, FL 32216 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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 Carol McKinley DATE 2/12/08 904-642-6708			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			