
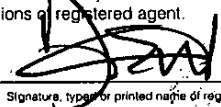
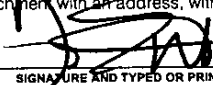


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90092 027 \*\*\*\*61.25

<b>DOCUMENT # N05000003152</b>			
1. Entity Name <b>DEER POINT COVE OWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business <b>4412 DEER POINT COVE LANE PANAMA CITY, FL 32404</b>		Mailing Address <b>P.O. BOX 15414 PANAMA CITY, FL 32406</b>	
2. Principal Place of Business - No P.O. Box # <b>4116 Highway 231 N.</b>		3. Mailing Address <b>P. O. Box 59462</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Panama City, FL</b>		City & State <b>Panama City, FL</b>	
Zip <b>32404</b>	Country <b>USA</b>	Zip <b>32412</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>GREGORY, JEFFREY 4412 DEER POINT COVE LANE PANAMA CITY, FL 32404</b>		7. Name and Address of New Registered Agent Name <b>DERWIN R. WHITE</b> Street Address (P.O. Box Number is Not Acceptable) <b>4116 Highway 231 North</b> City <b>Panama City</b> <b>FL</b> Zip Code <b>32404</b>	
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 <b>2/8/07</b>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	RA GREGORY, JEFFREY POST BOX 15414 PANAMA CITY, FL 32406 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	RA WHITE, DERWIN 4116 Highway 231 North Panama City, FL 32404 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES GREGORY, JEFFREY POST BOX 15414 PANAMA CITY, FL 32406 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES COLLINS, BAYNE 2505 W. 9th Street Panama City, FL 32401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC GREGORY, APRIL POST BOX 15414 PANAMA CITY, FL 32406 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRES WHITE, LYNN 4409 Deer Point Cove Lane Panama City, FL 32404 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRES GREGORY, APRIL POST BOX 15414 PANAMA CITY, FL 32406 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC / TREAS WHITE, DERWIN 4116 Highway 231 North Panama City, FL 32404 <input checked="" type="checkbox"/> Change <input 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
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 on 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: 		Derwin White, S/T <b>2/8/07</b> Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

40014040



02072007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**2/8/07**