2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State
05-14-2008 90009 004 ****61.25

DOCUMENT # N05000012135

1. Entity Name
DEERWOOD COMMERCE CENTER OWNERS' ASSOCIATION, INC.

Principal Place of Business
~~1700 SE 17TH ST., STE. 300~~ 1720 SE 16th Ave., #200
OCALA, FL 34471

Mailing Address
~~1700 SE 17TH ST., STE. 300~~ 1720 SE 16th Ave, #200
OCALA, FL 34471

400101747

02082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3576919
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOYD, ROY T. III
1720 SE 16TH AVE
BLDG 200
OCALA, FL 34471

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 _____ DATE 2-18-08
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, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BOYD, ROY T. III
STREET ADDRESS	1720 SE 16TH AVE BLDG 200
CITY-ST-ZIP	OCALA, FL 34471
TITLE	DST
NAME	YOUNG, LARRY E
STREET ADDRESS	1720 SE 16TH AVE. BLDG 200
CITY-ST-ZIP	OCALA, FL 34471
TITLE	D
NAME	KRIM, FREDERICK J. JR.
STREET ADDRESS	1720 SE 16TH AVE BLDG 200
CITY-ST-ZIP	OCALA, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ Roy Thad Boyd, III 2-18-08 352-861-2248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #