2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05479

FILED Apr 20, 2004 Secretary of State

Entity Name: DEERWOOD I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1166 PELICAN BAY DR. DAYTONA BEACH, FL 32119 LIS **Current Mailing Address: New Mailing Address:** 1166 PELICAN BAY DR. DAYTONA BEACH, FL 32119 US FEI Number: 59-2688832 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARKIN, MICHELE 1166 PELICAN BAY DR. DAYTONA BEACH, FL 32119 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GONZALES, BEATRIZ Name: Name: 187 WHITE FAWN DR. Address: Address: City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: SCHILDER, JESSICA Name: SCHILDER, ROBERT Address: 141 WHITE FAWN DR. Address: 141 WHITE FAWN DR. City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: DAYTONA BEACH, FL 32114 Title: () Delete Title: () Change () Addition WEINHOFER, MARY J Name: Name: 162 WHITE FAWN DR. Address: Address: City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: () Delete Title: Title: (X) Change () Addition LAFONTAINE, ALMA Name: Name: CONSIDINE, MARTIN 100 WHITE FAWN DR. Address: Address: 113 WHITE FAWN DRIVE City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: DAYTONA BEACH, FL 32114 Title: () Delete Title: (X) Change () Addition QUATROCCI, BONNIE SHERMAN, ALAN Name: Name: 103 WHITE FAWN DR. 192 WHITE FAWN DRIVE Address: Address: City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: DAYTONA BEACH, FL 32114

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEATRIZ GONAZLEZ P 04/20/2004