2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUL -1 PM 1:04

DOCUMENT # N05479

1. Entity Name
DEERWOOD I CONDOMINIUM ASSOCIATION, INC.

04/18/05 90705 001 61.25

07062005 Chg-NP CR2E037 (10/03)

Principal Place of Business	Mailing Address
1166 PELICAN BAY DR. DAYTONA BEACH, FL 32119 US	1166 PELICAN BAY DR. DAYTONA BEACH, FL 32119 US

2. Principal Place of Business	3. Mailing Address
% Atlantic Shores MGMT	% Atlantic Shores MGMT
Suite, Apt. #, etc 3511 S. Peninsula Dr.	Suite, Apt. #, etc. 3511 S. Peninsula Dr.
City & State Port Orange FL	City & State Port Orange, FL
Zip 32127 Country USA	Zip 32127 Country USA

4. FEI Number 59-2688832 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BARKIN, MICHELE 1166 PELICAN BAY DR. DAYTONA BEACH, FL 32119	Name: Koren Solomon Street Address (P.O. Box Number is Not Acceptable): 3511 S. Peninsula Dr. City: Port Orange, FL Zip Code: 32127

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: Koren D Solomon 7/7/05

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 September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P GONZALES, BEATRIZ 187 WHITE FAWN DR. DAYTONA BEACH, FL 32114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SCHILDER, ROBERT 141 WHITE FAWN DR. DAYTONA BEACH, FL 32114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Schilder, Robert 141 White Fawn Dr. Daytona Bch, FL 32114	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WEINHOFER, MARY J 162 WHITE FAWN DR. DAYTONA BEACH, FL 32114	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Kwiecinski, Michael 123 White Fawn Dr Daytona Bch, FL 32114	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CONSIDINE, MARTIN 113 WHITE FAWN DRIVE DAYTONA BEACH, FL 32114	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V OTTO, Phil 121 White Fawn Dr Daytona Bch, FL 32114	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHERMAN, ALAN 192 WHITE FAWN DRIVE DAYTONA BEACH, FL 32114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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] 7/6/05 386/761-5733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #