


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90020 040 ****61.25

DOCUMENT # N05479 1. Entity Name DEERWOOD I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3511 SOUTH PENINSULA DRIVE C/O ATLANTIC SHORES MANAGEMENT PORT ORANGE, FL 32127 US			Mailing Address 3511 SOUTH PENINSULA DRIVE C/O ATLANTIC SHORES MANAGEMENT PORT ORANGE, FL 32127 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2688832 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02182008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent SOLOMON, KAREN 3511 SOUTH PENINSULA DRIVE PORT ORANGE, FL 32127			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	P OTTO, PHIL 121 WHITE FAWN DRIVE DAYTONA BEACH, FL 32114	<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	VP SHERMAN, ALAN 192 WHITE FAWN DR DAYTONA BEACH, FL 32114	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP James O'Brien 186 White Fawn Dr. Daytona Beach, FL 32114 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MEADS, CAROLYN 160 WHITE FAWN DR DAYTONA BEACH, FL 32114	<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	S GONZALEZ, BETTY 187 WHITE FAWN DR DAYTONA BEACH, FL 32114	<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	D MAZZA, WILLIAM 149 WHITE FAWN DR DAYTONA BEACH, FL 32114	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marcia Bowe 151 White Fawn Dr. Daytona Beach, FL 32114 <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 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: _____ 3/19 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					