


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-02-2008 90020 041 \*\*\*\*61.25

<b>DOCUMENT # N07135</b> 1. Entity Name <b>DEERWOOD II CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O ATLANTIC SHORE MGMT 3511 S PENINSULA DR PORT ORANGE, FL 32127 US</b>			Mailing Address <b>C/O ATLANTIC SHORE MGMT 3511 S PENINSULA DR PORT ORANGE, FL 32127 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2688836</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SOLOMON, KAREN 3511 S PENINSULA DR PORT ORANGE, FL 32114</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>Filing Fee is \$61.25. Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>OTTO, PHIL</b>		NAME		
STREET ADDRESS	<b>121 WHIT FAWN DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DAYTONA BEACH, FL 32114</b>		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SHERMAN, ALAN</b>		NAME	<b>VP James Drennen</b>	
STREET ADDRESS	<b>192 WHITE FAWN DR</b>		STREET ADDRESS	<b>186 White Fawn Dr.</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH, FL 32114</b>		CITY-ST-ZIP	<b>Daytona Beach, FL 32114.</b>	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MEADS, CAROLYN</b>		NAME		
STREET ADDRESS	<b>160 WHITE FAWN DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DAYTONA BEACH, FL 32144</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>GONZALEZ, BETTY</b>		NAME		
STREET ADDRESS	<b>187 WHITE FAWN DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DAYTONA BEACH, FL 32114</b>		CITY-ST-ZIP		
TITLE	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MAZZA, LILLIAMME</b>		NAME	<b>D maria Bowe</b>	
STREET ADDRESS	<b>149 WHITE FAWN DR</b>		STREET ADDRESS	<b>151 White Fawn Dr</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH, FL 32114</b>		CITY-ST-ZIP	<b>Daytona Beach, FL 32114</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> _____			3/19 Date _____ Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					