

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90230 001 \*\*\*367.50

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<b>DOCUMENT # N10587</b> 1. Entity Name <b>DEERWOOD IV CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O ATLANTIC SHARE MANAGEMENT          3511 S PENINSULA DRIVE          PORT ORANGE, FL 32127 US</b>			Mailing Address <b>C/O ATLANTIC SHARE MANAGEMENT          3511 S PENINSULA DRIVE          PORT ORANGE, FL 32127 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SOLOMON, KAREN          3511 S PENINSULA DRIVE          PORT ORANGE, FL 32127</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25          Due by May 1, 2006</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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GONZALES, BEATRIZ</b> <b>187 WHITE FAWN DRIVE</b> <b>DAYTONA BEACH, FL 32114</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Phil Otto</b> <b>121 White Fawn Dr</b> <b>Daytona</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SCHILDER, ROBERT</b> <b>141 WHITE FAWN DRIVE</b> <b>DAYTONA BEACH, FL 32114</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Alan Sherman</b> <b>192 White Fawn Dr</b> <b>Daytona FL 32114</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KWIECINEKI, MICHAEL</b> <b>125 WHITE FAWN DRIVE</b> <b>DAYTONA BEACH, FL 32114</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Carolyn Meads</b> <b>160 White Fawn Dr</b> <b>Daytona FL 32114</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>OTTO, PHIL</b> <b>121 WHITE FAWN DRIVE</b> <b>DAYTONA BEACH, FL 32114</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Betty Gonzalez</b> <b>187 White Fawn Dr</b> <b>Daytona FL 32114</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHERMAN, ALAN</b> <b>192 WHITE FAWN DRIVE</b> <b>DAYTONA BEACH, FL 32114</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>William Mazza</b> <b>149 White Fawn</b> <b>Daytona Bch FL 32114</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WEINHOFER, MARY J</b> <b>162 WHITE FAWN DRIVE</b> <b>DAYTONA BEACH, FL 32114</b> <input checked="" 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.					
<b>SIGNATURE: Samuel F. Otto</b> <span style="float: right;"><b>2/10/06</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;"><small>Date</small></span> <span style="float: right;"><small>Daytime Phone #</small></span>					