


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90005 041 ****61.25

DOCUMENT # N10587 1. Entity Name DEERWOOD IV CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O ATLANTIC SHARE MANAGEMENT 3511 S PENINSULA DRIVE PORT ORANGE, FL 32127 US			Mailing Address C/O ATLANTIC SHARE MANAGEMENT 3511 S PENINSULA DRIVE PORT ORANGE, FL 32127 US		
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 59-2688840	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SOLOMON, KAREN 3511 S PENINSULA DRIVE PORT ORANGE, FL 32127				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
* Filing Fee is \$61.25 Due by May 1, 2007		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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OTTO, PHIL	NAME			
STREET ADDRESS	121 WHITE FAWN DR	STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHERMAN, ALAN	NAME			
STREET ADDRESS	192 WHITE FAWN DR	STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MEADS, CASROLYN	NAME			
STREET ADDRESS	160 WHITE FAWN DR	STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GONZALEZ, BETTY	NAME			
STREET ADDRESS	187 WHITE FAWN DRIVE	STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAZZA, LILLIAME	NAME			
STREET ADDRESS	149 WHITE FAWN DR	STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
SIGNATURE: <i>Samuel J. Otto</i>		3-23-07		386 761 5733	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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