2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N10587

Principal Place of Business

C/O ATLANTIC SHARE MANAGEMENT

1. Entity Name DEERWOOD IV CONDOMINIUM ASSOCIATION, INC.



Mailing Address C/O ATLANTIC SHARE MANAGEMENT
3511 S PENINSULA DRIVE

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

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

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PORT ORANGE, FL 32127 US PORT ORANGE, FL 32127 US									1888 2088 1080 CU	 	111 11 1 1 1 11 1
2. Principal Place of Business - No P.O. Box # 3. Ma				Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02072007 Chg-NP CR2E037 (12/06)				
City & State			City & State				4. FEI Number Applied For 59-2688840 Not Applicable				
Zip Country			Ziq	ip Country			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					
SOLOMON	LADEN				Name						
SOLOMON, KAREN 3511 S PENINSULA DRIVE PORT ORANGE, FL 32127					Street Address (P.O. Box Number is Not Acceptable)						
្សី				City					FL	Zip Cod	<u> </u>
8. The above the obligat	ions of registe	submits this statement for ered agent. or printed name of registered agent			gistered office or i			n, in the State of	Florida. am	familiar with,	and accept
			· I		.						
[☆] Filing Fee is \$61.25 Due by May 1, 2007			et.	9. Election Campaign Financing Trust Fund Contribution.		□ \$5.0 □ Adde	00 May Be d to Fees	• F	Make chec forida Depa	k payable t rtment of S	
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANG			NGES TO OFFI	CERS AND D	IRECTORS IN	1 10
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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. 386

SIGNATURE: Samuel J- Ollo
SIGNATURE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.2367

7615733 Davime Phone #