


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-02-2008 90020 043 \*\*\*\*61.25

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| <b>DOCUMENT # N10587</b><br>1. Entity Name<br>DEERWOOD IV CONDOMINIUM ASSOCIATION, INC.  |  |   |   |   |  |
| Principal Place of Business<br>C/O ATLANTIC SHARE MANAGEMENT<br>3511 S PENINSULA DRIVE<br>PORT ORANGE, FL 32127 US   |  |   | Mailing Address<br>C/O ATLANTIC SHARE MANAGEMENT<br>3511 S PENINSULA DRIVE<br>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  |   |  |  |
| Zip  | Country  | Zip   | Country   | 4. FEI Number<br><b>59-2688840</b> <div style="float: right; border: 1px solid black; padding: 2px;">           Applied For<br/>           Not Applicable         </div> |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |   |   | 02182008 Chg-NP CR2E037 (12/06)  |  |
| 6. Name and Address of Current Registered Agent<br><br>SOLOMON, KAREN<br>3511 S PENINSULA DRIVE<br>PORT ORANGE, FL 32127   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |   |   |  |  |
| <b>Filing Fee is \$61.25<br/>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<br/>Florida Department of State</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P</b><br><b>OTTO, PHIL</b><br><b>121 WHITE FAWN DR</b><br><b>DAYTONA BEACH, FL 32114</b> <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VP</b><br><b>SHERMAN, ALAN</b><br><b>192 WHITE FAWN DR</b><br><b>DAYTONA BEACH, FL 32114</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VP</b><br><b>James Drennen</b><br><b>196 White Fawn Dr</b><br><b>Daytona Beach, FL 32114</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition       |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>T</b><br><b>MEADS, CASROLYN</b><br><b>160 WHITE FAWN DR</b><br><b>DAYTONA BEACH, FL 32114</b> <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>S</b><br><b>GONZALEZ, BETTY</b><br><b>187 WHITE FAWN DRIVE</b><br><b>DAYTONA BEACH, FL 32114</b> <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>MAZZA, LILLIAM</b><br><b>149 WHITE FAWN DR</b><br><b>DAYTONA BEACH, FL 32114</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>marcia Bawe</b><br><b>151 White Fawn Dr.</b><br><b>Daytona Beach, FL 32114</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition         |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  | Date <b>3/19</b><br><small>Daytime Phone #</small>  |   |  |  |