


**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90293 003 \*\*\*367.50

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N10588**

1. Corporation Name

**DEERWOOD III CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

 3511 S PENINSULA DR  
 DAYTONA BCH FL 32127  
 US

Mailing Address

 3511 S PENINSULA DR  
 DAYTONA BCH FL 32127  
 US


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/07/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2688838	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent

 SOLOMON, STANLEY  
 % SOUTHEAST MANAGEMENT SERVICES, INC.  
 3511 S. PENINSULA DRIVE  
 DAYTONA BEACH FL 32127

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWE, MARSHA J	1.2 NAME	
STREET ADDRESS	151 WHITE FAWN DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYBECK, FRED	2.2 NAME	
STREET ADDRESS	137 WHITE FAWN DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHVISUK, MARY B	3.2 NAME	
STREET ADDRESS	102 WHITE FAWN DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH FL 32114	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	PJ Hanley, Mark
STREET ADDRESS		4.3 STREET ADDRESS	167 White Fawn Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Daytona Beach, FL 32114
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	STD Clark, Wayne
STREET ADDRESS		5.3 STREET ADDRESS	2173 N. Pleasantview Dr.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Lerna, IL 62440
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-99

CR2E037 (11/98)