2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# N11028

Entity Name: DEERWOOD POINTE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-1653819 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT, INC.
2180 WEST SR 434, STE. 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PSD	( ) Delete
Name:	CHELIUS, KERSTIN	
Address:	7789 DEERWOOD POINT CT	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	VPD	( ) Delete
Name:	MAY, MARY	
Address:	7751 DEERWOOD POINT PL	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	TD	( ) Delete
Name:	POLLARD, RENE	
Address:	7809 DEERWOOD POINT CT	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	D	( ) Delete
Name:	PRICE, EVELYN	
Address:	7796 DEERWOOD POINT CT	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	D	( ) Delete
Name:	PRICE, CURTIS	
Address:	7747 DEERWOOD POINTE PL	
City-St-Zip:	JACKSONVILLE, FL 32256	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KERSTIN CHELIUS PD 04/26/2005
Electronic Signature of Signing Officer or Director — Date