2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11028

FILED Mar 12, 2008 Secretary of State

Entity Name: DEERWOOD POINTE CONDOMINIUM ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044 US **Current Mailing Address: New Mailing Address:** 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044 US FEI Number: 59-1653819 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JAMES W JR SENTRY MANAGEMENT, INC 2180 WEST SR 434, STE. 5000 LONGWOOD, FL 327795044 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CHELIUS, KERSTIN Name: Name: 7789 DEERWOOD POINT CT Address: Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: Title: SD () Delete Title: () Change () Addition MAY, MARY Name: Name: Address: 7751 DEERWOOD POINT PL Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: Title: VPD () Delete Title: (X) Change () Addition POLLARD, RENE TOMMASI, ELISSA Name: Name: 7809 DEERWOOD POINT CT 7793 DEERWOOD POINT CT Address: Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32256 (X) Change () Addition Title: TD () Delete Title: D PRICE, EVELYN Name: Name: PRICE, EVELYN 7796 DEERWOOD POINT CT 7796 DEERWOOD POINT CT Address: Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32256 Title: () Delete Title: (X) Change () Addition JOHNSON, ANDREW JOHNSON, ANDREW Name: Name: 7759 DEERWOOD POINTE PL 7759 DEERWOOD POINTE PL Address: Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 03/12/2008