

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90131 023 \*\*\*\*61.25

<b>DOCUMENT # N12546</b>	
1. Entity Name <b>DEERWOOD CENTER OWNERS' ASSOCIATION, INC.</b>	



Principal Place of Business <b>13617 ATLANTIC BLVD JACKSONVILLE, FL 32225 US</b>	Mailing Address <b>13617 ATLANTIC BLVD JACKSONVILLE, FL 32226 US</b>
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2. Principal Place of Business <b>920 THIRD ST. Suite, Apt. #, etc. STE. B</b>	3. Mailing Address <b>920 THIRD ST. Suite, Apt. #, etc. STE. B</b>
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City & State <b>NEPTUNE BEACH</b>	City & State <b>NEPTUNE BEACH</b>
Zip <b>32266</b>	Zip <b>32266</b>
Country <b>USA</b>	Country <b>USA</b>

03222006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-2641466</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>GERALD DAKE &amp; ASSOCIATES, INC. 43617 ATLANTIC BLVD JACKSONVILLE, FL 32226</b>	
<b>BCW SERVICES, INC. 920 THIRD ST., STE. B NEPTUNE BEACH, FL 32266</b>	

7. Name and Address of New Registered Agent Name <b>L. DENISE WALLACE</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>920 THIRD ST., SUITE B</b>	
City <b>NEPTUNE BEACH</b>	Zip Code <b>FL 32266</b>

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.

SIGNATURE	DATE <b>3-27-06</b>
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Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	Make check payable to <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAZES, CHRIS 8186 BAYMEADOWS WAY WEST JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REIN, DAVID M 7800 BAYBERRY RD JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINCENNIE, JOSEPH 8000 BAYMEADOWS RD JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCORMICK, VINCE P O BOX 16405 JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JORDAN, DIANNA 7510 BAYMEADOWS WAY JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASHINGTON, ED 4190 BELFORT RD STE 160 JACKSONVILLE, FL 322161407 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.

SIGNATURE:	DATE <b>3-24-06</b>	DAYTIME PHONE # <b>904-242-0600</b>
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #