2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N12546 1. Entity Name DEERWOOD CENTER OWNERS' ASSOCIATION, INC.									04-14-2006	90131	023 ****6	1.25
Principal Place of Business 13617 ATLANTIC BLVD ACKSONVILLE, FL 32225 US Mailing Address 13617 ATLANTIC BLVD IACKSONVILLE, FL 32222					- 125 t	16-		100	48232			
2. Delegiant Diago of Dusings												
2. Principal Place of Business 920 THIRD ST.				3. Mailing Address 970 THIRD St.					I ITBIR IIRBI BIIM BIRIR R	110 611 1	11011 8 1011 81011 811	LIIIDI EL ILDI
Suite, Apt.			vite, Apt. #, etc.				03222006	Chg-NP	CR2E	037 (11/05)		
City & State		City	City & State NEPTUNE BY				4. FEI Numbe 59-264				pplied For ot Applicable	
Zip SA24	ماه	Country	Zip	266	Cou			5. Certificate	of Status Desired		\$8.75 Ad Fee Require	
	6. Name	and Address of Curren	nt Registered	Agent		Nome		7. Name and	Address of New I	Registered	Agent	
		CCOCIATES, INC.				Name	L	Deni		244	<u>८६</u>	
13617 ATLANTIC BLYD JACKSONVILLE, FL 82235 PSCW SERVICES, IN GZO THIRD ST., STE.B								P.O. Box Numbe	er is Not Acceptab	e)		
	Ć	120 THIRE	> Sr.,	STE.13	, [920	7	THE S	Sa, Su	nte	B	
						EP	CUNE E			7:- 0		
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 acceed the obligations of registered appears										and accept		
- X Million												
		>	7/1	_						20.	7 ~ _	
SIGNATURE .	Signature, typed	or printed name of registered ager	nt and title if applic	cable. (NOTE	: Registered	Agent signature	beriuper e	when reinstating)		3-2	7-06	<u>, </u>
SIGNATURE .			nt and title if applic							DATE		
SIGNATURE .	Filing Fe	or printed name of registered ages the is \$61.25 May 1, 2006	nt and title if applic	9. Election Carr Trust Fund C	npaign Fi	nancing _		\$5.00 May B Added to Fees	e l	DATE Make che	7-06 ck payable t	to
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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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: >

CITY-ST-ZIP

WASHINGTON, ED

JACKSONVILLE, FL 322161407

STREET ADDRESS 4190 BELFORT RD STE 160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-06

904-242-00a