

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90705 001 ***367.50

DOCUMENT # N16043 1. Entity Name DEERWOOD V CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1166 PELICAN BAY DRIVE DAYTONA BEACH, FL 32119 US				Mailing Address 1166 PELICAN BAY DRIVE DAYTONA BEACH, FL 32119 US	
2. Principal Place of Business <i>C/O Atlantic Shores Mgmt</i>		3. Mailing Address <i>3511 S. Peninsula Dr</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		01172005 Chg-NP CR2E037 (10/03)	
City & State 		City & State <i>Port Orange</i>		4. FEI Number 59-2688845	
Zip 		Country <i>FI</i>		City <i>32127</i>	
6. Name and Address of Current Registered Agent BARKIN, MICHELE 1166 PELICAN BAY DRIVE DAYTONA BEACH, FL 32119				7. Name and Address of New Registered Agent Name <i>Solomon, Karen</i> Street Address (P.O. Box Number is Not Acceptable) <i>3511 S Peninsula Dr</i> City <i>Port Orange</i>	
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 <i>Karen Solomon</i> DATE <i>4/11/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONZALES, BEATRIZ 187 WHITE FAWN DR. DAYTONA BEACH, FL 32114	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHILDER, ROBERT 141 WHITE FAWN DR. DAYTONA BEACH, FL 32114	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEINHOFFER, MARY J 162 WHITE FAWN DR. DAYTONA BEACH, FL 32114	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONSIDINE, MARTIN 113 WHITE FAWN DR. DAYTONA BEACH, FL 32114	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERMAN, ALAN 192 WHITE FAWN DR. DAYTONA BEACH, FL 32114	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. 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 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: <i>Karen Solomon</i> 4/11/05 386-761-5733 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					