

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16043

FILED
Apr 14, 2009
Secretary of State

Entity Name: DEERWOOD V CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O ATLANTIC SHORES MGT
3511 S PENINSULA DR
PORT ORANGE, FL 32127 US

New Principal Place of Business:

100 WHITE FAWN DR
DAYTONA BEACH, FL 32114 US

Current Mailing Address:

C/O ATLANTIC SHORES MGT
3511 S PENINSULA DR
PORT ORANGE, FL 32127 US

New Mailing Address:

FEI Number: 59-2688845 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SOLOMON, KAREN
3511 S PENINSULA DR
PORT ORANGE, FL 32127 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: P () Delete
Name: OTTO, PHIL
Address: 121 WHITE FAWN DR
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VP () Delete
Name: DRENNEN, JAMES
Address: 186 WHITE FAWN DR
City-St-Zip: DAYTONA BEACH, FL 32414

Title: T () Delete
Name: MEADS, CAROLYN
Address: 160 WHITE FAWN DR
City-St-Zip: DAYTONA BEACH, FL 32114

Title: S () Delete
Name: GONZALEZ, BETTY
Address: 187 WHITE FAWN DR
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: BOWE, MARCIA
Address: 151 WHITE FAWN DR
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OTTO, SAMUEL
Address: 121 WHITE FAWN DR
City-St-Zip: DAYTONA BEACH, FL 32114

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

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

Title: D (X) Change () Addition
Name: SPANOS, SOTOS
Address: 177 WHITE FAWN DR
City-St-Zip: DAYTONA BEACH, FL 32114

Title: S (X) Change () Addition
Name: BOWE, MARCIA
Address: 151 WHITE FAWN DR
City-St-Zip: DAYTONA BEACH, FL 32114

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: SAMUEL OTTO

PRES

04/14/2009

Electronic Signature of Signing Officer or Director

Date