


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90215 047 ****61.25

DOCUMENT # N19318			
1. Entity Name DEERFIELD LAKES CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 6015 MORROW ST E STE 107 JACKSONVILLE, FL 32217 US		Mailing Address 6015 MORROW ST E STE 107 JACKSONVILLE, FL 32217 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		04302008 Chg-NP CR2E037 (12/06)	
		4. FEI Number 59-2843768	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BANNING MANAGEMENT, INC. 6015 MORROW ST EAST SUITE 107 JACKSONVILLE, FL 32217		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 <u>R. Scott Sullivan, Mgt Agent</u>		DATE <u>4/30/08</u>	
Signature, typed or printed name of registered agent and title if applicable.		NOTE: Registered Agent signature required when reinstating.	
Filing Fee is \$61.25 Due by May 1, 2008		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	PD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPANIK, DAVID	NAME	
STREET ADDRESS	791 ASSISI LANE # 906	STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANKO, KAREN	NAME	
STREET ADDRESS	791 ASSISI LANE # 602	STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWSON, DONNA	NAME	
STREET ADDRESS	791 ASSISI LANE 902	STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Crystal Bennick
STREET ADDRESS		STREET ADDRESS	791 Assisi Ln
CITY-ST-ZIP		CITY-ST-ZIP	Atlantic Bch, FL 32233
TITLE	<input type="checkbox"/> Delete	TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Arthur Schaeffer
STREET ADDRESS		STREET ADDRESS	791 Assisi Ln # 204
CITY-ST-ZIP		CITY-ST-ZIP	Atlantic Bch, FL 32233
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <u>Donna Dawson</u>		DATE <u>4/30/08</u> DAYTIME PHONE # <u>904.730.7071</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #	