

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90080 007 \*\*\*\*61.25

<b>DOCUMENT # N23621</b> 1. Entity Name <b>DEERWOOD AT RIVER RIDGE HOMEOWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business <b>1050A EAST LAKE WOODLANDS PKWY OLDSMAR, FL 34677</b>		Mailing Address <b>1050A EAST LAKE WOODLANDS PKWY OLDSMAR, FL 34677</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address	
City & State <b>720 Brooker Creek Blvd. #206 Oldsmar, FL 34677</b>		Country	
Zip <b>34677</b>		4. FEI Number <b>59-3017338</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>SCANNAVINO, DOMINICK MANAGEMENT &amp; ASSOCIATES 1050A ELW PKWY OLDSMAR, FL 34677</b>		7. Name and Address of New Registered Agent Name <b>Scannavino, Inc.</b> Street <b>720 Brooker Creek Blvd. #206</b> City <b>Oldsmar, FL 34677</b> p 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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE <b>4-11-07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>TD BOLDUC, KENNETH 7815 LEIGHTON CIRCLE NEW PORT RICHEY, FL 34654</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>TD DOBRIC, DANIELLE 10305 ALBERTA CT. NEW PORT RICHEY, FL 34654</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VD FAWLEY, DONALD 7928 LANDSDOWNE LANE NEW PORT RICHEY, FL 34654</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VD NASER, WILLIAM 10351 CHEVRON CT. NEW PORT RICHEY, FL 34654</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>SD CRAVOTTA, TAMMY 7751 LEIGHTON CIR NEW PORT RICHEY, FL 34654</b>	<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 <b>PD STEINBECK, FRANK 7800 LANDSDOWNE LN NEW PORT RICHEY, FL 34654</b>	<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 <b>D JACOBSON, CHARLES 1039 CHURON CT NEW PORT RICHEY, FL 34654</b>	<input checked="" 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 <b>D ORTIZ, RAUL 7730 LEIGHTON CIR NEW PORT RICHEY, FL 34654</b>	<input 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	