2005 NOT-FOR-PROFIT CORPORATION

May 02, 2005 8:00 am Secretary of State DOCUMENT # N31936 1. Entity Name 05-02-2005 90442 043 ****61.25 DEER POINT VILLAGE HOMEOWNERS ASSOCIATION. Principal Place of Business Mailing Address 317 DEER POINT DR. GULF BREEZE FL 32561 317 DEER POINT DR. GULF BREEZE FL 32561 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 59-3032985 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAIRD, LARRY R. Street Address (P.O. Box Number is Not Acceptable) 317 DÉER POINT DR. **GULF BREEZE FL 32561** City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. VD TITLE TITLE Change Delete ☐ Addition THORP, ANNIE E THORP ANNIE E. 333 DEER POINT DR. NAME NAME 333 DEER POINT DR STREET ADDRESS STREET ADDRESS GULF BREEZE, FL 32561 GULF BREEZE FL 32561 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ALFORD, DEANNE 319 DEER POINT DR. ALFORD, DEANNE NAME NAME 319 DEER POINT DR. STREET ADDRESS STREET ADDRESS **GULF BREEZE FL 32561** GULF BREEZE, FL 32561 CITY-ST-ZIP CITY-ST-7/P TITLE Detete Addition TITLE OSBORN, CAROL BAIRD, LARRY R. NAME NAME 322 DEER POINT DR. 317 DEER POINT DR. STREET ADDRESS STREET ADDRESS GULF BREEZE FL 32561 CITY-ST-7IP GULF BREEZE, FL 32561 CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition WAGNER, NORMA NAME NAME 327 DEER POINT DR. STREET ADDRESS STREET ADDRESS GULF BREEZE FL 32561 City-St-7IP CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change MCGEE, JOYCE 318 DEER POINT DR. BAIRD, NAN NAME NAME 317 DEER POINT DR. STREET ADDRESS STREET ADDRESS GULF BREEZE FL 32561 GULF BREEZE, FL 32561 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY+ST-ZIP

CITY-ST-ZIP

april 24, 2005 (85) 934-4244

FILED