

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33053

FILED
Jan 23, 2006
Secretary of State

Entity Name: DEERWOOD PARK OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9540 SAN JOSE BLVD
P O BOX 23627
JACKSONVILLE, FL 32241

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 23627
JACKSONVILLE, FL 322413627 US

New Mailing Address:

FEI Number: 59-3003032

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLAVIN, THOMAS M
9540 SAN JOSE BLVD.
JACKSONVILLE, FL 32257 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: DVP () Delete
Name: MCLEOD, LAURA-KOGER
Address: 8880 FREEDOM CROSSING TRAIL # 103
City-St-Zip: JACKSONVILLE, FL 32256

Title: DP () Delete
Name: MCLEOD, LAURA
Address: 8375 DIX ELLIS TRAIL, STE 101
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: CONSUNJI, BECKY
Address: 1 INDEPENDANT DR., SUITE 114
City-St-Zip: JACKSONVILLE, FL 322025019

Title: STD () Delete
Name: GLAVIN, THOMAS M,
Address: 9540 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: PARKINSON, DAVE
Address: 7500 CENTURION PKWY
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: STORMES, JEANNE
Address: 10151 DEERWOOD PK BLVD BLD 100 #330
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES E MCCORMACK

S

01/23/2006

Electronic Signature of Signing Officer or Director

Date