

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-16-2007 90092 015 ****61.25

DOCUMENT # N33053 1. Entity Name DEERWOOD PARK OWNERS ASSOCIATION, INC.			
Principal Place of Business 9540 SAN JOSE BLVD P O BOX 23627 JACKSONVILLE, FL 32241 <i>Go Gerald Dake's Assoc.</i>		Mailing Address P.O. BOX 23627 JACKSONVILLE, FL 32241-3627 US	
2. Principal Place of Business - No P.O. Box # 13617 Atlantic Blvd.		3. Mailing Address 13617 Atlantic Blvd.	
Suite, Apt. #, etc. Jacksonville, FL		Suite, Apt. #, etc. Jacksonville, FL	
City & State 32225 USA		City & State 32225 USA	
Zip Country		Zip Country	
4. FEI Number 59-3003032		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GLAVIN, THOMAS M 9540 SAN JOSE BLVD. JACKSONVILLE, FL 32257		7. Name and Address of New Registered Agent Name Gerald Dake + Associates, Inc. Street Address (P.O. Box Number is Not Acceptable) 13617 Atlantic Blvd. City Jacksonville FL Zip Code 32225	
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>Gerald L. Dake</i> DATE <i>4/16/07</i> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP DVP MCLEOD, LAURA-KOGER 8880 FREEDOM CROSSING TRAIL # 103 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP DST Dedra Middleton 1 Independent Drive, Suite 1050 Jacksonville, FL 32202-5019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DP MCLEOD, LAURA 8375 DIX ELLIS TRAIL, STE 101 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D Karen Bryant 4600 Touchton Rd Bldg. 200 Suite 2500 Jacksonville, FL 32216	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D CONSUNJI, BECKY 1 INDEPENDANT DR., SUITE 114 JACKSONVILLE, FL 322025019	<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 STD GLAVIN, THOMAS M 9540 SAN JOSE BLVD JACKSONVILLE, FL	<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 D PARKINSON, DAVE 7500 CENTURION PKWY JACKSONVILLE, FL 32256	<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 D STORMES, JEANNE 10151 DEERWOOD PK BLVD BLD 100 #330 JACKSONVILLE, FL 32256	<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>Jeanne Stormes</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>4/10/07</i> Daytime Phone #	