2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35597

FILED Feb 17, 2010 Secretary of State

Entity Name: DEER BROOKE SOUTH HOMEOWNERS' ASSOCIATION OF POLK COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

121 RAINTREE CT 8390 CHAMPIONSGATE BLVD.

AUBURNDALE, FL 33823 US SUITE 304

CHAMPIONSGATE, FL 33896 US

Current Mailing Address: New Mailing Address:

P.O. BOX 95 8390 CHAMPIONSGATE BLVD.

AUBURNDALE, FL 33823 US SUITE 304

CHAMPIONSGATE, FL 33896 US

FEI Number: 59-3017352 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AEGIS COMMUNITY MANAGEMENT SOLUTIONS INC. AEGIS COMMUNITY MANAGEMENT SOLUTIONS, INC.

121 RAINTREE CT 8390 CHAMPIONSGATE BLVD.

AUBURNDALE, FL 33823 US SUITE 304
CHAMPIONSGATE, FL 33896 US

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: DAVID BURMAN 02/17/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES

Name: KENNERLY, COLA

Address: 8390 CHAMPIONSGATE BLVD., SUITE 304 City-St-Zip: CHAMPIONSGATE, FL 33896 US

Title: VP

Name: GARTHWAITE, DIANE

Address: 8390 CHAMPIONSGATE BLVD., SUITE 304

City-St-Zip: CHAMPIONSGATE, FL 33896 US

Title: SEC

Name: TURNER, KIM

Address: 8390 CHAMPIONSGATE BLVD., SUITE 304

City-St-Zip: CHAMPIONSGATE, FL 33896 US

Title: TREA

Name: FIFER, RICHARD

Address: 8390 CHAMPIONSGATE BLVD., SUITE 304

City-St-Zip: CHAMPIONSGATE, FL 33896 US

Title:

Name: KENNERLY, ALLEN

Address: 8390 CHAMPIONSGATE BLVD., SUITE 304

City-St-Zip: CHAMPIONSGATE, FL 33896 US

I hereby 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 all other like empowered.

SIGNATURE: DAVID BURMAN AGNT 02/17/2010