

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 22, 2006 8:00 am**  
**Secretary of State**

08-22-2006 90081 001 \*\*\*306.25

**DOCUMENT # N44534**

1. Entity Name  
**DEER POINT ASSOCIATION, INC.**



Principal Place of Business  
2180 W SR 434  
SUITE 5000  
LONGWOOD, FL 32779

Mailing Address  
2180 W SR 434  
SUITE 5000  
LONGWOOD, FL 32779

66023408



2. Principal Place of Business

1801 Cook Avenue  
Suite, Apt. #, etc.

3. Mailing Address

1801 Cook Avenue  
Suite, Apt. #, etc.

08112006 Chg-NP CR2E037 (4/06)

City & State

Orlando, Florida  
Zip 32806 Country Orange

City & State

Orlando, Florida  
Zip 32806 Country Orange

4. FEI Number  
59-2973449

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HART, JAMES W JR  
2180 W SR 434  
SUITE 5000  
LONGWOOD, FL 32779

7. Name and Address of New Registered Agent

Name Steven D. Acher  
Street Address (P.O. Box Number is Not Acceptable)  
1801 Cook Avenue  
City Orlando FL Zip Code 32806

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

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE SD ☒ Delete  
NAME SPICKARD, ROBERT  
STREET ADDRESS 12769 NEWFIELD DRIVE  
CITY-ST-ZIP ORLANDO, FL 32837

TITLE VPD ☒ Delete  
NAME METCALF, BRUCE  
STREET ADDRESS 12716 NEWFIELD DR  
CITY-ST-ZIP ORLANDO, FL 32837

TITLE PD ☐ Delete  
NAME PRICE, JANET  
STREET ADDRESS 22250 OLDFIELD DRIVE  
CITY-ST-ZIP ORLANDO, FL 32837

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE STD ☐ Change ☒ Addition  
NAME STARNES, CHARLIE  
STREET ADDRESS 2861 ROLLING BROOK DRIVE  
CITY-ST-ZIP ORLANDO, FL 32837

TITLE VPD ☐ Change ☒ Addition  
NAME Starnes, Kathy  
STREET ADDRESS 2861 Rolling Brook Dr.  
CITY-ST-ZIP Orlando, FL 32837

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/17/06

Date

407888-9797

Daytime Phone #