

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # N44535</b> 1. Entity Name <b>DEER HOLLOW ASSOCIATION, INC.</b>					
Principal Place of Business <b>2180 W SR 434 SUITE 5000 LONGWOOD, FL 32779</b>			Mailing Address <b>2180 W SR 434 SUITE 5000 LONGWOOD, FL 32779</b>		
2. Principal Place of Business <b>1801 Cook Avenue</b>		3. Mailing Address <b>1801 Cook Avenue</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		08112006 Chg-NP CR2E037 (4/06)	
City & State <b>Orlando Florida</b>		City & State <b>Orlando Florida</b>		4. FEI Number <b>59-2973449</b>	
Zip <b>32806</b>		Country <b>Orange</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HART, JAMES W JR 2180 W SR 434 SUITE 5000 ORLANDO, FL 32779</b>		7. Name and Address of New Registered Agent Name <b>Steven D. Asher</b> Street Address (P.O. Box Number is Not Acceptable) <b>1801 Cook Avenue</b> City <b>Orlando</b> FL Zip Code <b>32806</b>			
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  (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HEDEGAARD, JOHN 2524 SMITHFIELD DR ORLANDO, FL 32837</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DRAKE, RICHARD 2216 MEADOWMOUSE STREET ORLANDO, FL 32837</b>
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD STARNES, CHARLES 2861 ROLLING BROAK DR ORLANDO, FL 32837</b>	<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	<b>PD STARNES, KATHY 2861 ROLLING BROAK DRIVE ORLANDO, FL 32837</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<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.					
<b>SIGNATURE: </b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>8-17-06</b> Date		<b>407-857-3759</b> Daytime Phone #