


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 # N44536	
1. Entity Name DEER TRAIL 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
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66023410



2. Principal Place of Business 1801 Cook Avenue Suite, Apt. #, etc.	3. Mailing Address 1801 Cook Avenue Suite, Apt. #, etc.
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08112006 Chg-NP CR2E037 (4/06)

City & State Orlando Florida	City & State Orlando Florida
Zip 32806	Zip 32806
Country Orange	Country Orange

4. FEI Number 59-2973449	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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. Asher 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEDEGAARD, JOHN 2524 SMITHFIELD DR ORLANDO, FL 32837 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ACEVEDO, JOEY 12525 PICA STREET ORLANDO, FL 32837 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STARNES, CHARLES 2861 ROLLING BROAK DR ORLANDO, FL 32837 <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	PD STARNES, KATHY 2861 ROLLING BROAK DRIVE ORLANDO, FL 32837 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BACSKO, CHARLES 2005 CROSSHAIR CIRCLE ORLANDO, FL 32837 <input type="checkbox"/> Change <input checked="" 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
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
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

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:

Eulogio Acevedo

17 Aug 2006

Hm (407) 858-9924

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #