

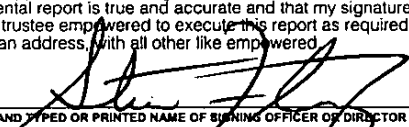


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # N44667</b> 1. Entity Name <b>DEER PARK ASSOCIATION, INC.</b>			
Principal Place of Business 2180 W SR 434 SUITE 5000 LONGWOOD, FL 32779		Mailing Address 2180 W SR 434 SUITE 5000 LONGWOOD, FL 32779	
2. Principal Place of Business <b>1801 Cook Avenue</b> Suite, Apt. #, etc.		3. Mailing Address <b>1801 Cook Avenue</b> Suite, Apt. #, etc.	
City & State <b>Orlando, Florida</b> Zip <b>32806</b>		City & State <b>Orlando, Florida</b> Zip <b>32806</b>	
Country <b>Orange</b>		Country <b>Orange</b>	
4. FEI Number <b>59-2973449</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HART, JAMES W JR</b> <b>2180 W SR 434</b> <b>SUITE 5000</b> <b>LONGWOOD, 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: 			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00</b> May Be Added to Fees		Make check payable to <b>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	VD FLING, STEVE 2608 BURWOOD AVENUE ORLANDO, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOJTASIAK, GLENDA 2674 TOLWORTH AVENUE ORLANDO, FL 32837	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STARNES, KATHY 2861 ROLLING BROOK DRIVE ORLANDO, FL 32837	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRENENBORG, MARY 2724 TOLWORTH AVENUE ORLANDO, FL 32837	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE 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: 		Date <b>8-17-06</b> Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

66023407



08112006 Chg-NP CR2E037 (4/06)