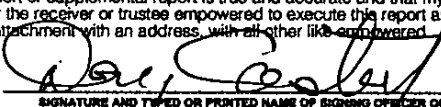


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90120 028 ****61.25

DOCUMENT # N45882 1. Entity Name COMMUNITY ASSOCIATION OF DEER RIDGE, INC.					
Principal Place of Business 13617 ATLANTIC BLVD JACKSONVILLE, FL 32225 US			Mailing Address 13617 ATLANTIC BLVD JACKSONVILLE, FL 32225 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3019434	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAKE, GERALD 13617 ATLANTIC BLVD JACKSONVILLE, FL 32225			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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)					
Filing Fee is \$61.25 Due by May 1, 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	VPT	☐ Delete	TITLE	Director ☐ Change ☒ Addition	
NAME	GOURGUES, JAMES		NAME	Calvin Brown	
STREET ADDRESS	2267 DUMFRIES CIRCLE EAST		STREET ADDRESS	2327 LUANA DR E	
CITY-ST-ZIP	JACKSONVILLE, FL 32246		CITY-ST-ZIP	JACKSONVILLE, FL 32240	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CASTEEL, DOUG		NAME		
STREET ADDRESS	10921 MINDANAO DR S		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32246		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MARTIN, SHERRY		NAME		
STREET ADDRESS	2308 MINDANAO DR S		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32246		CITY-ST-ZIP		
TITLE	P	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	WARREN, BRENDA		NAME		
STREET ADDRESS	2308 MINDANAO DR S		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32246		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BRITT, RANDY		NAME		
STREET ADDRESS	2246 WAHINE DR E		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32246		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	SMITH, ANNE		NAME		
STREET ADDRESS	10927 MINDANAO DR S		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32246		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: 			1/16/06 904 221-9290		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		