


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90058 029 \*\*\*\*61.25

<b>DOCUMENT # N45882</b> 1. Entity Name <b>COMMUNITY ASSOCIATION OF DEER RIDGE, INC.</b>					
Principal Place of Business <b>13617 ATLANTIC BLVD JACKSONVILLE, FL 32225 US</b>			Mailing Address <b>13617 ATLANTIC BLVD JACKSONVILLE, FL 32225 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-3019434</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>  <b>DAKE, GERALD 13617 ATLANTIC BLVD JACKSONVILLE, FL 32225</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</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	VPT	Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOURGUES, JAMES		NAME	<b>JAMES GOURGUES</b>	
STREET ADDRESS	2267 DUMFRIES CIRCLE EAST		STREET ADDRESS	<b>2267 DUMFRIES CIRCLE E</b>	
CITY-ST- ZIP	JACKSONVILLE, FL 32246		CITY-ST- ZIP	<b>JACKSONVILLE, FL 32246</b>	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASTEEL, DOUG		NAME		
STREET ADDRESS	10921 MINDANAO DR S		STREET ADDRESS		
CITY-ST- ZIP	JACKSONVILLE, FL 32246		CITY-ST- ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTIN, SHERRY		NAME	<b>ST Sherry Martin</b>	
STREET ADDRESS	2308 MINDANAO DR S		STREET ADDRESS	<b>2308 Mindanao Drive S.</b>	
CITY-ST- ZIP	JACKSONVILLE, FL 32246		CITY-ST- ZIP	<b>JACKSONVILLE, FL 32246</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, CAINN		NAME	<b>VPD CALVIN BROWN</b>	
STREET ADDRESS	2327 LUANA DR. E		STREET ADDRESS	<b>2327 LUANA Drive E.</b>	
CITY-ST- ZIP	JACKSONVILLE, FL 32246		CITY-ST- ZIP	<b>JACKSONVILLE, FL 32246</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BRITT, RANDY		NAME	<b>ELLY GUMERA</b>	
STREET ADDRESS	2246 WAHINE DR E		STREET ADDRESS	<b>11001 Lost Pine Drive</b>	
CITY-ST- ZIP	JACKSONVILLE, FL 32246		CITY-ST- ZIP	<b>JACKSONVILLE, FL 32246</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>LADON WASHINGTON</b>	
STREET ADDRESS			STREET ADDRESS	<b>2202 LUANA DRIVE E</b>	
CITY-ST- ZIP			CITY-ST- ZIP	<b>JACKSONVILLE, FL 32246</b>	
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> <i>[Signature]</i> SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/23/07 904.221-9290 Date Daytime Phone #		

40098140



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