

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45882

FILED
Apr 16, 2009
Secretary of State

Entity Name: COMMUNITY ASSOCIATION OF DEER RIDGE, INC.

Current Principal Place of Business:

13617 ATLANTIC BLVD
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

13617 ATLANTIC BLVD
JACKSONVILLE, FL 32225 US

New Mailing Address:

FEI Number: 59-3019434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAKE, GERALD
13617 ATLANTIC BLVD
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

C/O GERALD DAKE & ASSOCIATES, INC.
13617 ATLANTIC BLVD
JACKSONVILLE, FL 32225 US

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.

SIGNATURE: GERALD L. DAKE

04/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FULLWOOD, KAY
Address: 2345 LUANA DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32246

Title: P () Delete
Name: CASTEEL, DOUG
Address: 10921 MINDANAO DR S
City-St-Zip: JACKSONVILLE, FL 32246

Title: ST (X) Delete
Name: MARTIN, SHERRY
Address: 2308 MINDANAO DR S
City-St-Zip: JACKSONVILLE, FL 32246

Title: VD () Delete
Name: BROWN, CAINN
Address: 2327 LUANA DR. E
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: GUMERA, ELLY
Address: 11001 LOST PINE DRIVE
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: WASHINGTON, LADON
Address: 2282 LUANA DRIVE
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: FULLWOOD, KAY
Address: 2345 LUANA DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32246

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: VOLGRAF, MIKE
Address: 2332 LUANA DRIVE E
City-St-Zip: JACKSONVILLE, FL 32246

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD L. DAKE

MGR

04/16/2009

Electronic Signature of Signing Officer or Director

Date