FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47374 (6)

1. Corporation Name

DEER PARK OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~1890 S 14TH ST~~ ~~STE 105~~ ~~FERNANDINA BEACH FL 32034~~ US	~~PO BOX 1498~~ ~~FERNANDINA BEACH FL 32035-1498~~ US

3. Date Incorporated or Qualified: 02/14/1992
3a. Date of Last Report: 03/02/1995

2. Principal Place of Business
21: 2215 E. State Rd 200
Suite, Apt. #, etc. 22:
City & State 23: Yulee Fl
Zip 24: 32097 Country 25: US

2a. Mailing Address
26: Po Box 1987
Suite, Apt. #, etc. 27:
City & State 28: Yulee Fl
Zip 29: 32097-1987 Country 30: US

4. FEI Number: 59-3125890 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

POWELL, TERRELL J.
1890 S. 14TH ST.
FERNANDINA BEACH FL 32034

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MOORE MIKE 9331 JAYBIRD CIRCLE EAST JACKSONVILLE FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D John Gray 4872 Susanna Woods Ct Jacksonville Fl 32257	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIFILIPPO, ANTHONY 9203 JAYBIRD CIRCLE E JACKSONVILLE FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Daniel Jaseal 9239 Jaybird Cir W Jacksonville Fl 32257	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON GARY L. 9223 JAYBIRD CIRCLE WEST JACKSONVILLE FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VPD James Mandeville 4897 Jaybird Cir N Jacksonville Fl 32257	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MOORE MONICA G. 9338 JAYBIRD CIRCLE EAST JACKSONVILLE FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	S/TD Kathleen Rathburn 9247 Wesley Cove Ct Jacksonville Fl 32257	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TSD~~ LEFRANC, MICHAEL 9371 JAYBIRD CIRCLE E JACKSONVILLE FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	PD MICHAEL LEFRANC 9371 JAYBIRD CIR E JACKSONVILLE FL 32257	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael R Lefranc MICHAEL LEFRANC 2/1/96 396-2731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #