

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90081 028 ****61.25

DOCUMENT # N47374					
1. Entity Name DEER PARK OWNERS ASSOCIATION, INC.					
Principal Place of Business SIGNATURE REALTY & MNGMT 9889-1 SAN JOSE BLVD JACKSONVILLE, FL 32257 US			Mailing Address SIGNATURE REALTY & MNGMT 9889-1 SAN JOSE BLVD JACKSONVILLE, FL 32257 US		
2. Principal Place of Business <i>Signature Realty</i> Suite, Apt. #, etc. 4003 Hartley Rd. City & State Jacksonville, FL Zip 32257 Country Duval		3. Mailing Address <i>Signature Realty</i> Suite, Apt. #, etc. 4003 Hartley Rd. City & State Jacksonville, FL Zip 32257 Country Duval			
04202004 Chg-NP CR2E037 (10/03)				4. FEI Number 59-3125890	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CANTRELL, BRIAN C/O SIGNATURE REALTY & MNGMT 9889-1 SAN JOSE BLVD JACKSONVILLE, FL 32257			7. Name and Address of New Registered Agent Name <i>BRIAN CANTRELL c/o Signature Realty</i> Street Address (P.O. Box Number is Not Acceptable) 4003 Hartley Rd. City, State, Zip Jacksonville, FL 32257		
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: <i>[Signature]</i> DATE: <i>4/21/04</i> 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, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	VPD GREEN, GLENN 920 JAYBIRD CIRCLE W. JACKSONVILLE, FL 32257	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Mike Porkert 9250 Jaybird Circle W. Jax, FL 32257	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PORKERT, MIKE 9256 JAYBIRD CIRCLE W. JACKSONVILLE, FL 32257	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Bob Bachmann 9227 Jaybird Circle E. Jax, FL 32257	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BACHMANN, ROBERT R. 9227 JAYBIRD CIRCLE E. JACKSONVILLE, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Joann Thompson 4831 Susanna Woods Ct. Jax, FL 32257	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAMMOND, KEVIN 4854 SUSANNA WOODS CT. JACKSONVILLE, FL 32257	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Glen Green 9202 Jaybird Circle W. Jax, FL 32257	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, JOANN 4831 SUSANNA WOODS CT. JACKSONVILLE, FL 32257	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Paul Kelly 9219 Jaybird Circle E. Jax, FL 32257	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					