

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90007 017 ****61.25

DOCUMENT # N47374

1. Entity Name
DEER PARK OWNERS ASSOCIATION, INC.



Principal Place of Business
SIGNATURE REALTY
4003 HARTLEY RD.
JACKSONVILLE, FL 32257 US

Mailing Address
SIGNATURE REALTY
4003 HARTLEY RD.
JACKSONVILLE, FL 32257 US



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03152007 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

City & State

4. FEI Number
59-3125890

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CANTRELL, BRIAN 4003 HARTLEY RD. JACKSONVILLE, FL 32257		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) DATE

Filing Fee is \$61.25 Due by May 1, 2007

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 VPD	NAME BACHMANN, ROBERT R STREET ADDRESS 9777 JAYBIRD CIRCLE EAST CITY-ST-ZIP JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD	NAME KELLY, PAUL STREET ADDRESS 9219 JAYBIRD CIRCLE EAST CITY-ST-ZIP JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME WARE, EARL STREET ADDRESS 9235 JAYBIRD CIRCLE EAST CITY-ST-ZIP JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME THOMPSON, WILLIAM STREET ADDRESS 9253 JAYBIRD CIRCLE EAST CITY-ST-ZIP JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	NAME HODGES, BARBARA STREET ADDRESS 9248 JAYBIRD CIRCLE E CITY-ST-ZIP JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 of 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 another like empowered.

SIGNATURE: [Signature] **March 23 2007 9047370568**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #