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Secretary of State
02-21-2008 90032 036 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000003573

1. Entity Name
DEER POINTE COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
387 DEER POINTE CIRCLE CASSELBERRY, FL 32707	387 DEER POINTE CIRCLE CASSELBERRY, FL 32707

01262008 Chg-NP CR2E037 (12/06)

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 59-3216423 ☐ Applied For ☐ Not Applicable

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
COLUMBUS, JOE 356 DEER POINTE CIRCLE CASSELBERRY, FL 32707	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 _____ DATE
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, 2008

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	P COLUMBUS, JOE 356 DEER POINTE CIRCLE CASSELBERRY, FL 32707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JANSEN, NILES 447 DEER POINTE CIRCLE CASSELBERRY, FL 32707	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HORST BUTZKE 410 DEER POINTE CIR CASSELBERRY FL 32707 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S COLON, MARIE 429 DEER POINTE CIRCLE CASSELBERRY, FL 32707	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC CHARLES SCHULMAN 375 DEER POINTE CIR CASSELBERRY FL 32707 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HUNZIKER, RANDY 435 DEER POINTE CIRCLE CASSELBERRY, FL 32707	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRES MARK SCHANBACK 393 DEER POINTE CIR CASSELBERRY FL 32707 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SANBERG, GUY 465 DEER POINTE CIRCLE CASSELBERRY, FL 32707	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SANDY BEHN 362 DEER POINTE CIR CASSELBERRY FL 32707 ☐ 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 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.

SIGNATURE: _____ 2-20-08 407-831-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #