

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90183 039 \*\*\*\*61.25

<b>DOCUMENT # N96000001063</b> 1. Entity Name DEERFIELD PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 6608 DEERING CIRCLE SARASOTA, FL 34240			Mailing Address 2303 AQUA BLUFF SARASOTA, FL 34231		
2. Principal Place of Business - No P.O. Box # <b>6764 DEERING CIRCLE</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>SARASOTA, FL</b>		City & State Suite, Apt. #, etc.		4. FEI Number <b>65-0674116</b>	
Zip <b>34240</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  KAMERER, ALICE 2303 AQUA BLUFF SARASOTA, FL 34231			7. Name and Address of New Registered Agent Name <b>BECKER &amp; POLIAKOFF, PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>630 S ORANGE ST SUITE 300</b> City <b>SARASOTA</b> <b>FL</b> Zip Code <b>34236</b>		
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 <u>DAVID G. MULLER, Esq.</u> DATE <u>02/29/2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEINS, IRVING 6655 DEERING CIRCLE SARASOTA, FL 34240	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, LEROY 6717 DEERING CIRCLE SARASOTA, FL 34240	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6764 DEERING CIRCLE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POND, POLLY 6717 DEERING CIRCLE SARASOTA, FL 34240	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VP ANN VACCARO</b> <b>6605 DEERING CIRCLE</b> <b>SARASOTA, FL 34240</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAMERER, ALICE 2303 AQUA BLUFF PL. SARASOTA, FL 34231	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAUGHT, CAROL 6784 DEERING CIRCLE SARASOTA, FL 34240	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MALHEIRD, JAMIE 6648 DEERING CR SARASOTA, FL 34240	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TD MALHEIRO</b>	
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: <u>LeRoy Williams</u> <u>02/29/2008</u> <u>941.377.4168</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					