2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # N96000001653** 1. Entity Name 04 AUG 31 AH 8:00 DEERFIELD ACRES PROPERTY OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address P 0 BOX 15146 1209 SNIDER ST FERNANDINA BEACH, FL 32034 MARION, VA 24354 3. Mailing Address 2. Principal Place of Business 54291 JAMIE Suite, Apt. #, etc. 54291 JAMIE Suite, Apt. #, etc. DRIVE DRIVE 08182004 Chq-NP CR2E037 (10/03) 4. FEI Number 59-3550426 Applied For City & State City & State CAILAHAN CALLAHAN Not Applicable Country Country \$8.75 Additional Zip Zip 5. Certificate of Status Desired NASSAU 32011 NASSAL Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCDOWELL, ERNEST PARKS, RALPH A Street Address (P.O. Box Number is Not Acceptable) PO BOX 15146 JAMIE DRIVE FERNANDINA BEACH, FL. 32034 CAHAHAN 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 . Signatuj typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make check payable to **\$5.00** May Be Amended AR is \$61.25 Trust Fund Contribution Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE TITLE Delete Channe ☐ Addition ARMSTRONG, LAURIE NAME GEIGER, JONATHON M NAME SYIBLE DESSICA PLACE STREET ADDRESS P O BOX 15146 STREET ADDRESS FERNANDINA BEACH, FL 32034 CITY-ST-ZIP CITY-ST-7IP CAILAHAN, FL 32011 DST Delete Change TITLE TITLE ☐ Addition PARKS, JEAN N NAME NAME DRECHSEL, GEORGE STREET ADDRESS P O BOX 15146 STREET ADDRESS SHATO JESSICA PLACE CAHAHAP, FL 32011 CITY-ST-ZIP FERNANDINA BEACH, FL 32034 CITY-ST-7IP DP TITLE ■ Delete TITLE ∠Change Addition PARKS! RALPH A NAME NAMET -ER MCDOWELL, ERNEST 542AI JAMIE PRIVE STREET ADDRESS P O BOX 15146 STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH, FL 32034 CITY-ST-ZIP CAHAMAN, FL 32OLL TITLE ☐ Delete TITLE ☐ Change Addition NAME 800040862888 09/08/04--01050--013 **70.00 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITL F Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 🔭 🗌 Change TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

ERNUST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED