

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 14, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # N96000001653**

**1. Entity Name  
DEERFIELD ACRES PROPERTY OWNERS  
ASSOCIATION, INC.**



**Principal Place of Business  
54291 JAMIE DRIVE  
CALLAHAN, FL 32011**

**Mailing Address  
54291 JAMIE DRIVE  
CALLAHAN, FL 32011**



01112005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
59-3550426**

**Applied For  
Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**MCDOWELL, ERNEST W  
54291 JAMIE DRIVE  
CALLAHAN, FL 32011**

**DO NOT WRITE  
IN THIS SPACE**

**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, 2005**

**9. Election Campaign Financing  
Trust Fund Contribution. ☐**

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DV  
ARMSTRONG, LAURIE  
54138 JESSICA PLACE  
CALLAHAN, FL 32011**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DST  
DRECHSEL, GEORGE  
54270 JESSICA PLACE  
CALLAHAN, FL 32011**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
MCDOWELL, ERNEST  
54291 JAMIE DRIVE  
CALLAHAN, FL 32011**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

U00000181477  
01/14/05-80049-020 61.25

**DO NOT WRITE  
IN THIS SPACE**

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-05  
Date

904-879-1815  
Daytime Phone #