2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000001847

1. Entity Name
DEERFIELD COMMERCIAL PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2301 LUCIEN WAY SUITE 400 MAITLAND, FL 32751	2301 LUCIEN WAY SUITE 400 MAITLAND, FL 32751

09252008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2275 N. Semoran Blvd.	2275 N. Semoran Blvd.
Suite, Apt. #, etc.: Suite 100	Suite, Apt. #, etc.: Suite 100
City & State: Orlando, Florida	City & State: Orlando, Florida
Zip: 32807 Country: Orange	Zip: 32807 Country: Orange

4. FEI Number: NOT APPLICABLE ☐ 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
ST. PETER, THOMAS 2301 LUCIEN WAY SUITE 400 MAITLAND, FL 32751	Name: Gina McClain Street Address (P.O. Box Number is Not Acceptable): 2275 N. Semoran Blvd. Suite 100 City: Orlando **FL** Zip Code: 32807

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] Gina McClain 9/29/08
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 September 12, 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	DP BONTRAGER, THOMAS K 1064 GREENWOOD BLVD, STE 124 LAKE MARY, FL 32746	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director, Pres. & Treas. Gina McClain 2275 N. Semoran Blvd., Suite 100 Orlando, FL 32807 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SHEELER, LAWRENCE M 1064 GREENWOOD BLVD, STE 124 LAKE MARY, FL 32746	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director, V. Pres. Olga Byll 2275 N. Semoran Blvd., Suite 100 Orland, FL 32807 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST CHOMA, DEBRA 1064 GREENWOOD BLVD, STE 124 LAKE MARY, FL 32746	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director, Secretary Kelly Armes 2275 N. Semoran Blvd., Suite 100 Orlando, FL 32807 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	$10/3	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	10/03/08--01045--021 **61.25 ☐ 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: [signature] Gina McClain 9/29/08 407-657-6005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #