## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 19, 2007 8:00 am Secretary of State

|  |  |  |  |                                  | cciciai                               | y or o   | uuu                          |
|--|--|--|--|----------------------------------|---------------------------------------|--|------------------------------|
| DOCUMENT # N9700001759  1. Entity Name DEERWOOD POINTE III CONDOMINIUM ASSOCIATION, INC.   |  |  |  |                                  | 02-19-2007 90                         | •  |                              |
|  | e of Business<br>1000 POINT CT<br>.E, FL 32256 US  | Mailing Address<br>7816 DEERWOOD POINT<br>IACKSONVILLE, FL 3225  |  | 400201                           | .09                                   |  |                              |
| 2. Principal P   | lace of Business - No P.O. Box #   | 3. Mailing Address   |  |                                  |                                       |  |                              |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  | Suite, Apt. #, etc.  |                                  | ıg-NP CF                              | R2E037 (12/06)   |                              |
| City & State   |  | City & State   | City & State   |                                  | 1                                     | <u> </u>   | oplied For                   |
| Zip  | Country  | Zip  | Country  | 59-357112  5. Certificate of Sta |                                       | / 60.75  | ditional                     |
|  | 6. Name and Address of Current   | Parisiural Areni   | <u> </u>   | 7. Name and Addi                 | ress of New Decis                     | <u> </u>   |                              |
|  | C. Hame and Address of Content   | registered Agent   | Name   | '. Haile alla Addi               | · · · · · · · · · · · · · · · · · · · | erea Agont   |                              |
|  |  |  | DE   | ORGE H. G. H                     | ALL                                   |  |                              |
|  |  |  |  | ss (P.O. Box Number is N         | lot Acceptable)                       |  |                              |
| 1  |  |  | 473/   |                                  | BOULEVI,                              | THE D  |                              |
|  |  |  |  | achson ville                     | A POUL VI                             | FL Zip Code  | e                            |
|  | named entity submits this statement for  | r the purpose of changing its r  |  |                                  | the State of Florida.                 | I am familiar with,  | and accept                   |
| the obligati   | ions of redistered agent.  |  |  |                                  | I = I                                 |  |                              |
|  | 91 71 8 Van  | George H.G.  | Hall   |                                  | 1/2/                                  |  |                              |
| SIGNATURE.   | / Ale 12./1./11/   | GEOIGE IIIO  |  |                                  |                                       |  |                              |
| olal Will Office   | Signature voed or printed name of registered agent   |  |  | uired when reinstating)          | 1127/200                              | DATE   |                              |
| JIGIWII OI IÇA   | Signature, typed or printed name of registered agent   | and title if applicable." (NOTE:   | Registered Agent signature requ  |                                  |                                       | DATE   |                              |
| Sidivitories.  | Signature.Apped or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2007  |  | Registered Agent signature requested in the second  | \$5.00 May Be<br>Added to Fees   | Make                                  | DATE  check payable to Department of St                                |                              |
| 10.  | Filing Fee is \$61.25<br>Due by May 1, 2007<br>OFFICERS AND DIR  | 9. Election Cam<br>Trust Fund Co   | Registered Agent signature requested in the second  | \$5.00 May Be                    | Make<br>Florida [                     | check payable to<br>Department of Si                                   | tate                         |
| 10.  | Filing Fee is \$61.25<br>Due by May 1, 2007<br>OFFICERS AND DIE  | 9. Election Cam<br>Trust Fund Co   | Pegistered Agent signature requirements of the paign Financing partribution.   | \$5.00 May Be<br>Added to Fees   | Make<br>Florida [                     | check payable to<br>Department of Si                                   | tate                         |
| 10.<br>TITLE<br>NAME   | Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DIE PD BUTLER, BEN  | 9. Election Camp<br>Trust Fund Co  | Pegistered Agent signature requirements of the paign Financing partribution.   | \$5.00 May Be<br>Added to Fees   | Make<br>Florida [                     | check payable to<br>Department of SI                                   | tate                         |
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12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #