

FILED  
May 27, 2008 8:00 am  
Secretary of State

04-14-2008 90019 013 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                             |                                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # N97000001759</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                             |                                                                                                                                            |
| 1. Entity Name<br><b>DEERWOOD POINTE III CONDOMINIUM ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                             |                                                                                                                                                                                                                             |
| Principal Place of Business<br><b>7816 DEERWOOD POINT CT<br/>JACKSONVILLE, FL 32256 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                             | Mailing Address<br><b>7816 DEERWOOD POINT CT<br/>JACKSONVILLE, FL 32256 US</b>                                                                                                                                              |
| 2. Principal Place of Business - No P.O. Box #<br><b>2900 Hartley Rd</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                             | 3. Mailing Address<br><b>2900 Hartley Rd</b><br>Suite, Apt. #, etc.                                                                                                                                                         |
| City & State<br><b>Jacksonville, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                             | City & State<br><b>Jacksonville, FL</b>                                                                                                                                                                                     |
| Zip<br><b>32257</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                             | Country<br><b>US</b>                                                                                                                                                                                                        |
| 4. FEI Number<br><b>59-3571121</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                             | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                      |
| 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                             |                                                                                                                                                                                                                             |
| 6. Name and Address of Current Registered Agent<br><b>HALL, GEORGE H<br/>4736 BLANDING BOULEVARD<br/>JACKSONVILLE, FL 32210</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                             | 7. Name and Address of New Registered Agent<br>Name<br><b>Stellar Properties</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2900 Hartley Rd</b><br>City<br><b>Jacksonville</b> FL Zip Code<br><b>32257</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.<br>SIGNATURE <u><i>Chris Hallam, Agent</i></u> DATE <u>4/3/08</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>                                                                                                                                                                                |                                                                                                             |                                                                                                                                                                                                                             |
| Filing Fee is \$61.25<br>Due by May 1, 2008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                             | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                                             |
| Make check payable to<br>Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                             |                                                                                                                                                                                                                             |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                             | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PD<br>BUTLER, BEN<br>7816 DEERWOOD POINT CT<br>JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STD<br>EISEMANN, JOSEPH<br>7812 DEERWOOD POINT CT<br>JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VPD<br>CASSIDY, SUE<br>7775 DEERWOOD POINT PL<br>JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>BEN BUTLER</i></u> <b>BEN BUTLER</b> 5/21/2008 904-642-6574<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                             |                                                                                                                                                                                                                             |