

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001027

FILED
Apr 28, 2009
Secretary of State

Entity Name: DEER CROSSING CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5067 TAMIAMI TRAIL E
NAPLES, FL 34113

New Principal Place of Business:

Current Mailing Address:

5067 TAMIAMI TRAIL E
NAPLES, FL 34113

New Mailing Address:

FEI Number: 65-0923752

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
999 VANDERBILT BEACH ROAD
SUITE 501
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: CURLAND, JIM
Address: 3930 DEER CROSSING CT # 206
City-St-Zip: NAPLES, FL 34114

Title: T () Delete
Name: DANS, LYLE
Address: 3920 DEER CROSSING CT #102
City-St-Zip: NAPLES, FL 34114

Title: VP () Delete
Name: ADLER, MARVIN
Address: 3965 DEER CROSSING CT., #104
City-St-Zip: NAPLES, FL 34114

Title: P () Delete
Name: WASSON, GARY
Address: 3920 DEER CROSSING CT #104
City-St-Zip: NAPLES, FL 34114

Title: D () Delete
Name: WAIDELICH, FRED
Address: 3990 DEER CROSSING CT 104
City-St-Zip: NAPLES, FL 34114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: LEACH, BOB
Address: 3965 DEER CROSSING CT 206
City-St-Zip: NAPLES, FL 34114

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY WASSON

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date