

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jul 28, 2009**  
**Secretary of State**

DOCUMENT# N99000001027

**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:**CARDINAL MANAGEMENT GROUP OF SOUTH FLORIDA  
5067 TAMIAMI TRAIL E  
NAPLES, FL 34113 US

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: CARDINAL MANAGEMENT GROUP OF SOUTH FLORIDA

07/28/2009

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: S ( ) Delete  
Name: LEACH, BOB  
Address: 3965 DEER CROSSING CT 206  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

07/28/2009

Electronic Signature of Signing Officer or Director

Date