

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90324 001 \*\*\*\*61.25

**DOCUMENT # N99000001874**

1. Entity Name

DEERWOOD PROFESSIONAL CENTER PROPERTY  
OWNERS' ASSOCIATION, INC.



Principal Place of Business

1700 SE 17TH STREET  
#300  
OCALA, FL 34471 US

Mailing Address

1700 SE 17TH STREET  
#300  
OCALA, FL 34471 US

**DO NOT WRITE IN THIS SPACE**



04222004 No Chg-NP CR2E037 (10/03)

4. FEI Number

59-3576919

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BOYD, ROY T III  
1700 SE 17TH STREET  
#300  
OCALA, FL 34471

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IN THIS SPACE**

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, 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 May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	GRAY, STEVEN H
STREET ADDRESS	125 NORTHEAST FIRST AVENUE #1
CITY-ST-ZIP	OCALA, FL 34478
TITLE	D
NAME	HAINES, TIM
STREET ADDRESS	125 NORTHEAST FIRST AVENUE #1
CITY-ST-ZIP	OCALA, FL 34478
TITLE	PD
NAME	BOYD, ROY T III
STREET ADDRESS	1700 SE 17TH STREET #300
CITY-ST-ZIP	OCALA, FL 34471
TITLE	ST
NAME	YOUNG, LARRY E
STREET ADDRESS	1700 SE 17TH STREET #300
CITY-ST-ZIP	OCALA, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #