

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90067 041 ****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
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	
BOYD, ROY T III 1700 SE 17TH STREET #300 OCALA, FL 34471	

8. The above named entity submits this statement for the purpose of changing its registered office or the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and applicable. (NOTE: Registered Agent signature.)</small>	

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> Additional _____
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, STEVEN H 125 NORTHEAST FIRST AVENUE #1 OCALA, FL 34478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAINES, TIM 125 NORTHEAST FIRST AVENUE #1 OCALA, FL 34478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOYD, ROY T III 1700 SE 17TH STREET #300 OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST YOUNG, LARRY E 1700 SE 17TH STREET #300 OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied in this filing does not qualify for the exemption indicated on this report or supplemental report and is true and accurate and that my signature is that of the corporation or the receiver or trustee authorized 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	

5. No Chg-NP CR2E037 (10/03)	
1. Entity Number 51-576919	Applied For Not Applicable
3. Change of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**NOT WRITE
THIS SPACE**

_____, in the State of Florida. I am familiar with, and accept

DATE _____

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THIS SPACE**

Date 4-18-05	Daytime Phone #
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