


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90060 016 ****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				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-3576919			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
BOYD, ROY T III 1700 SE 17TH STREET #300 OCALA, FL 34471			Name <u>Boyd, Roy T. III</u> Street Address (P.O. Box Number is Not Acceptable) <u>1720 SE 16th Ave</u> <u>Bldg. 200</u> City <u>Ocala</u> FL Zip Code <u>34471</u>				
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and fee if applicable.</small>			DATE <u>4-13-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>				
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE D	NAME GRAY, STEVEN H		<input type="checkbox"/> Delete	TITLE 	NAME Gray, Steven H.		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 125 NORTHEAST FIRST AVENUE #1	CITY-ST-ZIP OCALA, FL 34478			STREET ADDRESS 125 Northeast First Ave. #1	CITY-ST-ZIP Ocala, FL 34470		
TITLE D	NAME HAINES, TIM		<input type="checkbox"/> Delete	TITLE 	NAME Haines, Tim		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 125 NORTHEAST FIRST AVENUE #1	CITY-ST-ZIP OCALA, FL 34478			STREET ADDRESS 125 Northeast First Ave. #1	CITY-ST-ZIP Ocala, FL 34470		
TITLE PD	NAME BOYD, ROY T III		<input type="checkbox"/> Delete	TITLE 	NAME Boyd, Roy T. III		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1700 SE 17TH STREET #300	CITY-ST-ZIP OCALA, FL 34471			STREET ADDRESS 1720 SE 16th Ave. Bldg. 200	CITY-ST-ZIP Ocala, FL 34471		
TITLE ST	NAME YOUNG, LARRY E		<input type="checkbox"/> Delete	TITLE 	NAME Young, Larry E		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1700 SE 17TH STREET #300	CITY-ST-ZIP OCALA, FL 34471			STREET ADDRESS 1720 SE 16th Ave. Bldg. 200	CITY-ST-ZIP Ocala, FL 34471		
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	NAME 		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 			STREET ADDRESS 	CITY-ST-ZIP 		
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	NAME 		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 			STREET ADDRESS 	CITY-ST-ZIP 		
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>[Signature]</u>			DATE <u>4-13-07</u>				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							