

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008 8:00 am
Secretary of State

04-01-2008 90011 015 ****61.25

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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: **1720 SE 16th Ave, #200 OCALA, FL 34471 US**



02082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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
1720 SE 17TH STREET #200
OCALA, FL 34471
16th Avenue

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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]* DATE: *2-18-08*

Filing Fee is \$61.25
Due by May 1, 2008

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 <i>1720 SE 16th Ave, #200</i>
CITY-ST-ZIP	OCALA, FL 34471
TITLE	ST
NAME	YOUNG, LARRY E
STREET ADDRESS	1700 SE 17TH STREET #300 <i>1720 SE 16th Ave, #200</i>
CITY-ST-ZIP	OCALA, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *[Signature]* *Ray Chad Boyd, III* DATE: *2-18-08*