

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004916

FILED
May 01, 2008
Secretary of State

Entity Name: NORTH DEERWOOD ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

45396 AMERICAN DREAM DRIVE
CALLAHAN, FL 32011 US

New Principal Place of Business:

Current Mailing Address:

45396 AMERICAN DREAM DRIVE
CALLAHAN, FL 32011 US

New Mailing Address:

FEI Number: 59-3658123 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SCOTT, JOHNNY L
45219 AMERICAN DREAM DRIVE
CALLAHAN, FL 32011 US

Name and Address of New Registered Agent:

THON, LAWRENCE R
45396 AMERICAN DREAM DRIVE
CALLAHAN, FL 32011 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: LAWRENCE R THON

05/01/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: SCOTT, JOHNNY
Address: 45219 AMERICAN DREAM DRIVE
City-St-Zip: CALLAHAN, FL 32011

Title: TD () Delete
Name: THON, LAWRENCE
Address: 45396 AMERICAN DREAM DRIVE
City-St-Zip: CALLAHAN, FL 32011

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: LEE, CHARLES D JR.
Address: 45312 AMERICAN DREAM DRIVE
City-St-Zip: CALLAHAN, FL 32011

Title: TD (X) Change () Addition
Name: THON, LAWRENCE R
Address: 45396 AMERICAN DREAM DRIVE
City-St-Zip: CALLAHAN, FL 32011

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: LAWRENCE R THON

TD

05/01/2008

Electronic Signature of Signing Officer or Director

Date