

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90023 042 ****61.25

DOCUMENT # N99000005628

1. Entity Name

DEER POINT HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

345 DEER POINT DR
GULF BREEZE FL 32561

Mailing Address

510 E. ZARAGOZA ST.
PENSACOLA FL 32501

040140JJ

2. Principal Place of Business

507 Deerpoint Drive
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

Gulf Breeze
FL
32561

City & State

FL
Zip

Country

USA

4. FEI Number

59-3615829

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, G. THOMAS
510 EAST ZARAGOZA ST.
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name

Kim Moss

Street Address (P.O. Box Number is Not Acceptable)

507 Deerpoint Dr

City

Gulf Breeze

FL

Zip Code

32561

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

Kim C Moss

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-21-04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.



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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	NAME	CASEY, CELIA	<input type="checkbox"/> Delete
STREET ADDRESS			511 DEER POINT DR	
CITY - ST - ZIP			GULF BREEZE FL 32561	
TITLE	D	NAME	BRENNER, JEFFREY S	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			495 DEER POINT DR	
CITY - ST - ZIP			GULF BREEZE FL 32561	
TITLE	D	NAME	MCDANIEL, JOHN H	<input type="checkbox"/> Delete
STREET ADDRESS			525 DEER POINT DR	
CITY - ST - ZIP			GULF BREEZE FL 32561	
TITLE	DS	NAME	SIMS, TAMMY	<input type="checkbox"/> Delete
STREET ADDRESS			416 DEER POINT DR	
CITY - ST - ZIP			GULF BREEZE FL 32561	
TITLE	DP	NAME	SMITH, G. THOMAS	<input type="checkbox"/> Delete
STREET ADDRESS			345 DEER POINT DR	
CITY - ST - ZIP			GULF BREEZE FL 32561	
TITLE	DT	NAME	CHASTAIN, ANTHONY P	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			406 DEER POINT DR	
CITY - ST - ZIP			GULF BREEZE FL 32561	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		NAME	Kim Moss	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			507 Deerpoint	
CITY - ST - ZIP			Gulf Breeze, FL 32561	
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY - ST - ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY - ST - ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY - ST - ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY - ST - ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Kim C Moss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-21-04

850-934-79