

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90052 032 \*\*\*\*61.25

<b>DOCUMENT # N99000005628</b> 1. Entity Name <b>DEER POINT HOMEOWNERS' ASSOCIATION, INC.</b>																															
Principal Place of Business <b>507 DEERSPOINT DRIVE GULF BREEZE, FL 32561</b>		Mailing Address <b>507 DEERSPOINT DRIVE GULF BREEZE, FL 32561</b>																													
2. Principal Place of Business <b>406 Deer Point Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>406 Deer Point Drive</b> Suite, Apt. #, etc.																													
City & State <b>Gulf Breeze FL</b>		City & State <b>Gulf Breeze FL</b>																													
Zip <b>32561</b>		Zip <b>32561</b>																													
Country <b>Santa Rosa</b>		Country <b>Santa Rosa</b>																													
4. FEI Number <b>59-3615829</b>		Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																													
6. Name and Address of Current Registered Agent  <b>MOSS, KIM 507 DEERPOINT DR GULF BREEZE, FL 32561</b>		7. Name and Address of New Registered Agent Name <b>Mary Chastain</b> Street Address (P.O. Box Number is Not Acceptable) <b>406 Deer Point Drive</b> City <b>Gulf Breeze</b> <b>FL</b> Zip Code <b>32561</b>																													
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 <b>Mary Chastain</b> <b>Tresurer</b> <span style="float: right;"><b>3/31/05</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>																															
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																													
<b>Make check payable to Florida Department of State</b>																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP  <b>D CASEY, CELIA 511 DEER POINT DR GULF BREEZE, FL 32561</b> </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Delete         </td> <td style="width: 50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP  <b>T Mary Chastain 406 Deer Point Drive Gulf Breeze, FL 32561</b> </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP  <b>D MOSS, KIM 507 DEERPOINT DR GULF BREEZE, FL 32561</b> </td> <td style="padding: 2px;"> <input checked="" type="checkbox"/> Delete         </td> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP  <b>D MCDANIEL, JOHN H 525 DEER POINT DR GULF BREEZE, FL 32561</b> </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete         </td> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP  <b>DS SIMS, TAMMY 416 DEER POINT DR GULF BREEZE, FL 32561</b> </td> <td style="padding: 2px;"> <input checked="" type="checkbox"/> Delete         </td> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP  <b>DP SMITH, G. THOMAS 345 DEER POINT DR GULF BREEZE, FL 32561</b> </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete         </td> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete         </td> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> </table>				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D CASEY, CELIA 511 DEER POINT DR GULF BREEZE, FL 32561</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>T Mary Chastain 406 Deer Point Drive Gulf Breeze, FL 32561</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D MOSS, KIM 507 DEERPOINT DR GULF BREEZE, FL 32561</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D MCDANIEL, JOHN H 525 DEER POINT DR GULF BREEZE, FL 32561</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DS SIMS, TAMMY 416 DEER POINT DR GULF BREEZE, FL 32561</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DP SMITH, G. THOMAS 345 DEER POINT DR GULF BREEZE, FL 32561</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <b>Mary Chastain</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>3/31/05</b> <b>(850) 393-5300</b> <small>Date Daytime Phone #</small>																													