

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03640

**FILED**  
**Apr 18, 2016**  
**Secretary of State**  
**CC2270067472**

**Entity Name:** DEERPATH UNIT ONE ASSOCIATION, INC.

**Current Principal Place of Business:**

7300 PARK STREET  
SEMINOLE, FL 33777

**Current Mailing Address:**

7300 PARK STREET  
SEMINOLE, FL 33777 US

**FEI Number:** 59-2426862

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BAXTER, STROHAUER, MANNION & SIBERMANN, PA  
1150 CLEVELAND STREET  
SUITE 300  
CLEARWATER, FL 33755 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SECRETARY  
Name DENNIS, NELSON  
Address 7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title PRESIDENT  
Name JACKSON, ROBERT  
Address 7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title VP  
Name PARSONIS, GARY  
Address 7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title D  
Name BARBER, ANDREW  
Address 7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title D  
Name WEIBE, TOM  
Address 7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title TREASURER  
Name SCHARRER, LEE  
Address 7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title DIRECTOR  
Name DUBINKOV, ALEXY  
Address 7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

*I hereby 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 all other like empowered.*

**SIGNATURE: ROBERT JACKSON**

**PRESIDENT**

**04/18/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date