2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State
04-04-2001 90116 026 ****61.25

DOCUMENT # 730293

1. Entity Name

DEERWOOD VILLAS II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6015 MORROW STREET E SUITE 211 JACKSONVILLE FL 32217	6015 MORROW STREET E STE 107 JACKSONVILLE FL 32217

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2180 WEST SR 434	2180 WEST SR 434
Suite, Apt. #, etc.: SUITE 5000	Suite, Apt. #, etc.: SUITE 5000
City & State: LONGWOOD FL	City & State: LONGWOOD FL
Zip: 32779-5044 Country: US	Zip: 32779-5044 Country: US

4. FEI Number 59-1564288 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BANNING, TERENCE K.
6015 MORROW STREET E
STE 107
JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent

Name: HART, JAMES W. JR.
Street Address (P.O. Box Number is Not Acceptable): SENTRY MANAGEMENT, INC.
2180 W SR 434 STE 5000
City: LONGWOOD **FL** Zip Code: 32779-5044

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.

SIGNATURE _____ 1/25/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NICKERSON, WILLIAM 10108 LEISURE LN JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HODGES, MARGARET 10027 LEISURE LANE N JACKSONVILLE FL	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FITZPATRICK,BUD 10133 CROSS GREEN WAY JACKSONVILLE FL 32256	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HARDY, WILLIAM 10017 LEISURE LANE NORTH JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEVERANCE, JAY 10139 CROSS GREEN WAY JACKSONVILLE,F L.	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HAMRICK,GRADY 10092 LEISURE LN S JACKSONVILLE FL 32256	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MANGELS, ADOLPH 10031 LEISURE LANE JACKSONVILLE FL	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HUELSTER,BETTY 10152 CROSS GREEN WAY JACKSONVILLE FL 32256	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: _____ 3/15/01 904-641-2678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #