FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT #** NO1213

(0)

1. Corporation Name DEERFIELD HOMEOWNERS ASSOCIATION, INC.

Malling Address

2891 GREY OAKS BLUD TARPON SPRINGS, FL 34689 SAME

FILED May 06, 1999 8:00 am Secretary of State

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2. Principal P	Place of Business 2a. Mailing Address			Date Incorporated or Qualified					
21		26				02/02/84			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				4. FEI Number	Apr	olied For	
22		27				59-3234257	Noi	Applicable	
City & State		City & State			5. Certificate of Status Desired \$8.75 Additional Fee Required		1		
Zip	Country Zip Coun					6. Election Campaign Financing		 -	
24	25 29 30					Trust Fund Contribution Added to Fees		1	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
				81 Name					
LARSON, ROGER A				82 Street Address (P.O. Box Number is Not Acceptable)					
911 CHESTNUT STREET				62 Suleat Address (F.O. Box Number is Not Acceptable)					
CLEARWATER FL 33756			83	83					
CLEANWAIEN PL 33/30									
				City		F	85 Zip C	ode	
					1 00000			registered	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered									
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.									
SIGNATURE									
Skineture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstating) DATE									
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS			
TTLE	PD	☐ DELETE	1.1 TITLE		ν.	. A. 1.140.	Change	[]PAddition	
NAME	MARC RUTE - BERG _		1.2 NAME		Rec	to, MICHAEL			
STREET ADDRESS	The second add the control of the co			ADDRES		IL GREY OAKS BLUD			
CITY-ST-ZIP	TARPON SPRINGS FL	34689	1.4 CITY-ST	- ZIP	TA	RPON SPRINGS, FL 34689.		į	
TITLE		☐ DELETE	2.1 TITLE		10		Change	☐ Addition	
NAME	TD		2.2 NAME		Cen	Debien Jean BLVD		i	
	JEAN GENDEDIEN	.0	2.3 STREET	***********	009	91 GREY OAKS BLUD			
STREET ADDRESS		24.09			174	RPON SPRINGS, FL 34689			
CITY-ST-ZIP	TARPON SPRINGS FL.	2760 /	2.4 CITY-S	1-210	1 11	11100 311111111111111111111111111111111	[] Change	Addition	
TITLE	5 - 110 min mil	₩ DELETE	3,1 TITLE		L		الماري ري		
NAME	CANTHIA MARCH		3.2 NAME		1				
STREET ADDRESS		- 4.00	3.3 STREET	ADDRES	S [
CITY-ST-ZIP	TARPON SPRINGS, FL 3		3.4. CITY-S	T-ZIP	<u> </u>				
TITLE	1	☐ DELETE	4,1 TITLE				Change	☐ Addition	
NAME			4. 2 NAME		1				
STREET ADDRESS	;		4.3 STREET	ADDRES	s				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	1				
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition	
NAME	}		5.2 NAME						
STREET ADDRESS	5		5.3 STREE	ADDRES	s				
CITY-ST-ZIP	1		5.4 CITY-S	T-ZIP					
TILE		☐ DELETE	6.1 TITLE		1		☐ Change	Addition	
NAME	\		6.2 NAME						
STREET ADDRESS			6.3 STREET	TADORES	s				
CITY-ST-ZIP	1		6.4 CITY-5	T-ZIP	1				
14. I hereby	certify that the information supplied with	this filing dees not qualify for	the exempt	on stat	ed in S	ection 119.07(3)(i), Florida Statutes. I further	certify that the i	nformation	
14. 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 annual report or supplemental annual refort is frue 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 reserver of the reserver of the corporation or the reserver of the corporation of the reserver of the corporation of the corporation of the reserver of the reserver of the corporation of the reserver o									