

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90071 007 \*\*\*\*61.25

**DOCUMENT # N01213**

1. Entity Name

**DEERFIELD HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

**2891 GREY OAKS BLVD  
 TARPON SPRINGS FL 34689  
 US**

Mailing Address

**2891 GREY OAKS BLVD  
 TARPON SPRINGS FL 34689  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3234257**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**LARSON, ROGER A ESQUIR  
 911 CHESTNUT STREET  
 CLEARWATER FL 33756**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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

TITLE NAME	<b>SDD RUTENBERG, MARC</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>33920 U.S. HIGHWAY 19 NORTH, STE., 390</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34684</b>	
TITLE NAME	<b>TSD GENDEBIEN, JEAN</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>2891 GREY OAKS BLVD</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL 34689</b>	
TITLE NAME	<b>PD SOMMERER, JOHN</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>15420 ATWATER DR</b>	
CITY-ST-ZIP	<b>SPRING HILL FL 34609</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>P JOHN RAVENTES</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>15471 ATWATER DRIVE</b>	
CITY-ST-ZIP	<b>SPRING HILL, FL 34609</b>	
TITLE NAME	<b>D HAMPSON WAYNE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>15367 BRADLEY DRIVE</b>	
CITY-ST-ZIP	<b>SPRING HILL, FL 34609</b>	
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)(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:

*SIGNATURE OF JEAN GENDEBIEN*  
 JEAN GENDEBIEN

*4/20/01*

Date

Daytime Phone #

CR2E037 (10/00)