2002 UNIFORM BUSINESS REPORT (UBR) FILED May 02, 2002 8:00 am Secretary of State **DOCUMENT # N01213** 1. Entity Name DEERFIELD HOMEOWNERS' ASSOCIATION, INC. 05-02-2002 90061 002 ****70.00 Principal Place of Business Mailing Address 2891 GREY OAKS BLVD 2891 GREY OAKS BLVD TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 US 2. Principal Place of Business 3. Mailing Address 5471 Atwater 15471 Atwater Dr. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 5pring 59-3234257 Hill. Not Applicable Country \$8.75 Additional Fee Required 5. Certificate of Status Desired-34606 Hernando 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LARSON. ROGER A ESQUIR Street Addres 911 CHESTNUT STREET **CLEARWATER FL 33756** Spring 34604 ubmits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida į SIGNATURE 4.16.02 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE Change ☐ Addition RUTENBERG, MARC NAME Wayne Reedy NAME 33920 U.S. HIGHWAY 19 NORTH, STE., 390 STREET ADDRESS STREET ADDRESS 15471 Atwater Dr. CITY-ST-7IP PALM HARBOR FL 34684 CITY-ST-ZIP spring Hill, FL 34604 TSD TITLE D D TITLE Change ☐ Addition gendebien, Jean NAME Ronald King NAME STREET ADDRESS |2891 GREY OAKS BLVD STREET ADDRESS 15471 Arwater City=St-zip--TARPON-SPRINGS-FL-34689 = -CITY-ST-ZIP. Spring - Hill -☐ Delete TITLE — enange ☐ Addition NAME RAVENTES, JOHN NAME #John Keventas 15471 ATWATER DR. STREET ADDRESS STREET ADDRESS 15471 AT Water De. CITY-ST-ZIP SPRING HILL FL 34609 CITY-ST-ZIP Spring ナし 34604 Delete TITLE Change ☐ Addition WAYNE, HAMPSON NAME Carol Reventas STREET ADDRESS 15367 BRADLEY DR. STREET ADDRESS Atwater De. 15471 CITY-ST-7IP Spring Hill FL 34609 CITY-ST-ZIP spring TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED I

De Signing Officer on Director

Societary

Date

V - 1 to Q Daytime Phone #