2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State
02-18-2004 90008 032 ****70.00

DOCUMENT # N01213

1. Entity Name

DEERFIELD HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
15471 ATWATER DR SPRING HILL FL 34604 US	15471 ATWATER DR SPRING HILL FL 34604 US

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 534 Suite, Apt. #, etc.
City & State	City & State: Land O'Lakes FL
Zip / Country	Zip: 34639 / Country: US

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

REVENTAS, JOHN
15471 AT WATER DR
SPRING HILL FL 34604

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: John Reventas — 2-13-04
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
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KING, RONALD 15471 BROOKSVILLE FL 34604	☐ Delete	Director Joseph Chiavarol: 15471 AT WATER DR. Brooksville FL 34604	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD REVENTAS, JOHN 15471 ATWATER DR BROOKSVILLE FL 34604	☐ Delete	Director Aaron King 15471 Atwater DR Brooksville FL 34604	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RAVENTES, JOHN 15471 ATWATER DR. BROOKVILLE FL 34604 Duplicate	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST REVENTAS, CAROL 15471 ATWATER DR BROOKVILLE FL 34604	☐ Delete	STD VP Reventas, Carol 15471 ATWATER DR. Brooksville FL 34604	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Carol Reventas — 2-13-04 — 352-796-0707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #