

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90165 025 ****70.00

DOCUMENT # N01213.	
1. Entity Name DEERFIELD HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 15471 ATWATER DR SPRING HILL FL 34604 US	Mailing Address PO BOX 534 LAND O LAKES FL 34639 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

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	

4. FEI Number 59-3234257	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REVENTAS, JOHN 15471 ATWATER DR BROOKSVILLE FL 34604 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHIVAROLI, JOSPEH 15471 ATWATER DR. BROOKSVILLE FL 34604 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STVD REVENTAS, CAROL 15471 ATWATER DR BROOKSVILLE FL 34604 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 A. Reventas, Vice Pres Dir.* **2.2.05** **352 746-0707**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
CAROL A. REVENTAS,