

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42484

1. Entity Name

DEER LAKE CHASE HOMEOWNERS ASSOCIATION, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

01 OCT -8 PM 4:50

Principal Place of Business

P.O. BOX 573  
APOPKA FL 32704-0573

Mailing Address

P.O. BOX 573  
APOPKA FL 32704-0573

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE  
05-17-01 91302 035 861-25

4. FEI Number  
59-3055994

Applied For  
Not Applicable

5. Certificate of Status Desired... ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEROOSE, PAUL  
914 LIVE OAK LEAF CT  
APOPKA FL 32712

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)

4/29/01  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME PD  
STREET ADDRESS DEROOSA, PAUL  
CITY-ST-ZIP 914 LIVEOAK LEAF CT  
APOPKA FL 32712 ☐ Delete

TITLE  
NAME SD  
STREET ADDRESS PREBLE, TAMARA  
CITY-ST-ZIP 922 LIVEOAK LEAF CT  
APOPKA FL 32712 ☒ Delete

TITLE  
NAME TD  
STREET ADDRESS ARNOLD, J JR  
CITY-ST-ZIP 921 LIVEOAK LEAF  
APOPKA FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME SD  
STREET ADDRESS Sandy Wisniewski  
CITY-ST-ZIP 932 Southern Oak  
APOPKA FL 32712 ☒ Change ☐ Addition

TITLE  
NAME TD  
STREET ADDRESS OLIVER, SALIBA  
CITY-ST-ZIP 921 LIVEOAK LEAF COURT  
APOPKA FL 32712 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/01  
Date

607 899 5228  
Days/Week Phone #