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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION
ANNUAL REPORT
1998-99



FLORIDA DEPARTMENT OF STATE
Sandrine M. Ham
Secretary of State
DIVISION OF CORPORATIONS

96-99 AR

DOCUMENT # **N48670**

1. Corporation Name
Deerfield Pointe

REINSTATEMENT 1998-99

Principal Place of Business
**Four Seasons Management
10036 Sawgrass Drive Suite 3
Ponte Vedra Beach, Fl. 32082**

Mailing Address
**P.O. Box 1159
Ponte Vedra Bch.,
US Fl. 32004**

3. Date Incorporated or Qualified
4. FEI Number
59-3142442

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

21. Principal Place of Business

26. Mailing Address

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

23. City & State

28. City & State

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent
**Munch, Donald
Four Seasons Management
10036 Sawgrass Dr. Suite 3
Ponte Vedra Beach, Fl. 32082**

10. Name and Address of New Registered Agent
81 Name **Munch, Donald**
82 Street Address (P.O. Box Number is Not Acceptable) **10036 Sawgrass Dr. Suite 3**
83 **Ponte Vedra Beach, Fl. 32082**
84 City **Ponte Vedra Bch. FL** 85 Zip Code **32082**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE **Donald Munch** Registered Agent DATE **4-20-99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **PO Kowalewski, Henry**
STREET ADDRESS **3035 Springfield Court**
CITY-ST-ZIP **Orange Park, Fl.**

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
500002892835--9
-06/02/99--01077--010
******470.00 ****420.00**

TITLE DELETE
NAME **PD Schneider, James**
STREET ADDRESS **3239 Deerfield Pointe Dr.**
CITY-ST-ZIP **Orange Park, Fl.**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE DELETE
NAME **D McQuay, Anthony**
STREET ADDRESS **290 Fairbridge Lane**
CITY-ST-ZIP **Orange Park, Fl.**

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE DELETE
NAME **D Barnes, Sharon**
STREET ADDRESS **3210 Deerfield Pointe Dr.**
CITY-ST-ZIP **Orange Park, Fl.**

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE DELETE
NAME **D Pullom, Roekmini**
STREET ADDRESS **3282 Deerfield Pointe Dr.**
CITY-ST-ZIP **Orange Park, Fl.**

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Henry C. Kowalewski** President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 11, 1999 (904) 779-2736
DATE DAYTIME PHONE #

CR2E037 (10/97)

5-28-99