FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 04, 2001 8:00 am Secretary of State **DOCUMENT # N48670** 1. Entity Name DEERFIELD POINTE HOMEOWNER'S ASSOCIATION, INC. 04-04-2001 90116 010 ****61.25 Principal Place of Business Mailing Address 2180 WEST SR 434. SUITE 5000 2180 WEST SR 434. SUITE 5000 A0092391 LONGWOOD FL 32779-5044 LONGWOOD FL 32779-5044 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3142442 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.₂Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HART, JAMES W SR SENTRY MANAGEMENT INC 2180 W SR 434 STE 5000 City Zip Code LONGWOOD FL 32779 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) DATE 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. **Department of State** FEE IS \$61.25 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. TD ☐ Delete PD CR2E037 (10/00 TITLE Change XX Addition TITLE SCHNEIDER, JAMES WAGNER, CHARLES NAME NAME 286 FAWNRIDGE LN STREET ADDRESS 3239 DEERFIELD POINTE DR. STREET ADDRESS CITY-ST-ZIP **ORANGE PARK FL 32073** CITY-ST-ZIP ORANGE PARK FL 32073 ٧D Change Change XIX Addition TITLE ☐ Delete TITLE ALLEN. ANDREW NAME MCQUAY, ANTHONY 289 FAWNRIDGE LN STREET ADDRESS STREET ADDRESS 290 FAWNRIDGE LANE ORANGE PARK FL 32073 CITY-ST-ZIP-CITY-ST-ZIP" ORANGE PARK FL 32073 XX Addition ☐ Delete Change TITLE MARKLEY, JOE NAME BARNES, SHARON NAME 3439 DEÉRFIELD POINTE DR STREET ADDRESS STREET ADDRESS 3210 DEERFIELD POINTE DR. ORANGE PARK FL 32073 CITY-ST-ZIP CITY-ST-ZIP **ORANGE PARK FL 32073** Delete Change XX Addition TITLE TITLE NAME PULLOM, ROEKMINI NAME WISSEL, BRUCE STREET ADDRESS 3203 DEERFIELD POINTE DR 3282 DEERFIELD POINTE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK FL 32073 ORANGE PARK FL TITLE **X**Oelete TITLE Change ☐ Addition NAME KOWALEWSKI, HENRY NAME STREET ADDRESS STREET ADDRESS 3056 SPRINGFIELD CT CITY-ST-ZIP CITY-ST-ZIP **ORANGE PARK FL 32073** 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 trustage 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 appears, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTE

904) 476-4459