

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90195 007 \*\*\*\*61.25

**858094**



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N48670**

1. Entity Name  
**DEERFIELD POINTE HOMEOWNER'S ASSOCIATION, INC.**

Principal Place of Business      Mailing Address

**2180 WEST SR 434, SUITE 5000  
LONGWOOD FL 32779-5044  
US**      **2180 WEST SR 434, SUITE 5000  
LONGWOOD FL 32779-5044  
US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**59-3142442**       Not Applicable

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

    

6. Name and Address of Current Registered Agent

**HART, JAMES W SR  
SENTRY MANAGEMENT INC  
2180 W SR 434 STE 5000  
LONGWOOD FL 32779**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      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 STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>SCHNEIDER, JAMES</b> <b>3239 DEERFIELD POINTE DR.</b> <b>ORANGE PARK FL 32073</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCQUAY, ANTHONY</b> <b>290 FAWN RIDGE LANE</b> <b>ORANGE PARK FL 32073</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARNES, SHARON</b> <b>3210 DEERFIELD POINTE DR.</b> <b>ORANGE PARK FL 32073</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WAGNER, CHARLES</b> <b>286 FAWN RIDGE LN.</b> <b>ORANGE PARK, FL 32073</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>WAGNER, CHARLES</b> <b>286 FAWN RIDGE LN</b> <b>ORANGE PARK FL 32073</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ALLEN, ANDY</b> <b>289 FAWN RIDGE LN.</b> <b>ORANGE PARK, FL 32073</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>ALLEN, ANDREW</b> <b>289 FAWN RIDGE LN</b> <b>ORANGE PARK FL 32073</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MARKLEY, JOE</b> <b>3439 DEERFIELD POINTE DR</b> <b>ORANGE PARK FL 32073</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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)* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**      **Allen President**      **3/18/2002**      **904-858-4611**

Date      Daytime Phone #

CR2E037 (9/01)

ADDITION TO DOCUMENT #N48670

858094

DEERFIELD POINTE HOMEOWNER'S ASSOCIATION, INC.

QUESTION # 11

D  Addition

DEHART, MICHAEL  
3406 DEERFIELD POINTE DR.

~~ORANGE PARK, FL 32073~~

D  Addition

KOWALEWSKI, DEBBIE

303 SPRINGFIELD CT.

ORANGE PARK, FL 32073