

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90484 032 ****61.25

DOCUMENT # N48670
1. Entity Name
DEERFIELD POINTE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
**2180 WEST SR 434, SUITE 5000
LONGWOOD FL 32779-5044
US**

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

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3142442** Applied For
 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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	SCHNEIDER, JAMES	
STREET ADDRESS	3239 DEERFIELD POINTE DR.	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCQUAY, ANTHONY	
STREET ADDRESS	290 FAWNRIIDGE LANE	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WAGNER, CHARLES	
STREET ADDRESS	286 FAWNRIIDGE LN	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ALLEN, ANDY	
STREET ADDRESS	2889 FAWNROSE LN	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARKLEY, JOE	
STREET ADDRESS	3439 DEERFIELD POINTE DR	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRANDI JONES	
STREET ADDRESS	291 Willow Green DR	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAN ORTIZ	
STREET ADDRESS	300 Willow Green DR	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debbie Kowalewski	
STREET ADDRESS	303 Springfield Ct	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRY FOX	
STREET ADDRESS	3214 Deerfield Pt Dr	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: *Brandi Jones* *3/20/03* *Brandi Jones*

CR2E037 (10/02)