## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

N49895

(8)

DEERING BAY CLUB VILLAS ASSOCIATION, INC.												
Principal Place	of Business		failing Address									
13805 OLD CUTLER RD MIAMI FL 33158			13605 OLD CUTLER RD MIAMI FL 33158									
							Ì	3. Date Incorporated or Qualified	3a.	Date of Last	,	
O Deinainal Du	and at Division and	1 0-	A 4 - 16 A - 1 - 1					07/15/1992		05/01/1		
2. Principal Pa 21	ace of Business	26	Mailing Address					4. FEI Number NOT APPLICABLE			Applied For Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.								Additional	
22			27					5. Certificate of Status Desired			Required	
City & State			City & State					Election Campaign Financing     Trust Fund Contribution			May Be	
Zιρ	Country	201	Zip	Co	ountry			This corporation has liability for				
24	25	29		30					☐ Yes		.00.002	
	9. Name and Address of Current	Regis	stered Agent		Ţ.,,			10. Name and Address of New I	Registere	ed Agent		
					81	Name						
	ENTICE-HALL CORPORATION SYS	STEM	, INC.		82	Street /	Addres	s (P.O. Box Number is Not Acceptal	ble)			
	YS STREET		83					<del></del>	<del></del>			
TALLAMACCEE EL 20201												
• IALLANA	455EE FL 32301				84	City			F	85 Zıp	o Code	
11. Pursuant t	to the provisions of Sections 617,0502	and 61	17.1508, Florida Statute	es, the al	oove-n	amed co	orporati	on submits this statement for the pu	rpose of a	changing its r	egistered office	
or register familiar wit	ed agent, or both, in the State of Florid th, and accept the obligations of, Section	a. Suc on <mark>617</mark>	:h change was authoriz '.0503, Florida Statutes	ed by the s.	e corpo	aration's	board (	of directors. Thereby accept the app	ointment	as registered	agent. I am	
SIGNATURE												
12.	Signature, typed or printed name of registered agent a OFFICERS AND		<del></del>	TE: Register		signature re	equired wh	hen reinstating: ADDITIONS/CHANGES TO OF I	DATE		RS IN 12	
TITLE	PD	DINL	DELETE		TITLE		<u> </u>	ADDITIONS/OFFARGED TO OFF	IOLIIO A	Change	Addition	
NAME	CODINA, ARMANDO				NAME					O 3-		
STREET ADDRESS	2 ALHAMBRA PLAZA PH 2			1.3	STREET	ADDRESS						
CITY-ST-ZIP	CORAL GABLES FL 33134			1.4	CITY-S	í - ZIP						
TITLE	VTD		DELETE	21	TITLE					☐ Change	Addition	
NAME	RAY, DOUGLAS T.			22	NAME							
STREET ADDRESS	13605 OLD CUTLER RD					address						
CITY-ST-ZIP TITLE	MIAMI FL 33158		DELETE		TITLE	I - ZIP	110	· N		Change	☐ Addition	
NAME	vsd Fernandez, Juan		E SOLLEN		NAME		82	id Gonzalez 605 Old Cutter R nami 1FL 33158		L ondrigo		
STREET ADDRESS	13605 OLD CUTLER RD					ADDRESS	130	605 old cutter R	d.			
City-St-ZIP	MIAMI FL 33158				CITY-S		m	iami IFL 33158	7			
TITLE			DELETE	4.1	TITLE					☐ Change	☐ Addition	
NAME				4 2	NAME.							
STREET ADDRESS				43	STREET	address						
CITY-ST-ZIP			Documen		CHTY-S	i-ZiP	<b> </b>			D 0bc	Addis-	
TITLE NAME			DELETE		TITLE NAME					☐ Change	Addition Addition	
STREET ADDRESS						ADDRESS						
City-St-ZIP					City-S							
TITLE			DELETE		TITLE		<del> </del>			Change	Addition	
NAME				6.2	NAME							
STREET ADDRESS				6.3	STREET	address						
CITY-ST-ZIP			eu:		CITY-S		<u> </u>					
certify that	y certify that the information supplied w t the information indicated on this annua	al repo	art or supplemental ann	ual repor	t is tru	e and ac	curate	and that my signature shall have the	e same lec	gal effect as if	made under	
oath; that	I am an officer or director of the corpor Block 12 or Block 13 it changed, or or	ation c	or the regeiver or truste	e empoy	ered t	o executi	te this r	eport as required by Chapter 617, F	Iorida Sta	itutes; and tha	at my name	
SIGNATURE: SIGNATURE AND TYPE OR PRINTED NAME OF SIGNAL OFFICER OR DIRECTOR 5/1/96 (305) 256-3335												
	GIOMA INDEE AND IT FED ON	r miN i £	A HAME OF SIGNING OFFICE	LH OH DINE	OIUM			Date		ынушнив ≌поп∈ :	<b>"</b>	

CR2E037 (12/95)