

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **755212** (8)

1. Corporation Name

**DEERWOOD TOWNHOMES ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

C/O THE CONTINENTAL GROUP  
12079 S.W. 131 AVENUE  
MIAMI FL 33186

C/O THE CONTINENTAL GROUP  
12079 S.W. 131 AVENUE  
MIAMI FL 33186

3. Date Incorporated or Qualified  
**11/20/1980**

3a. Date of Last Report  
**02/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-2062953**

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

23 City & State

27 City & State

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

24 Zip

Country

29 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIEGFRIED, STEVE  
C/O KIPNIS, RIVERA, ET. AL.  
201 ALHAMBRA CIRCLE  
CORAL GABLES FL**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

Signature typed or printed name of registered agent and state as applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JURGENSMIER KATE	
STREET ADDRESS	12733 S.W. 150 TERRACE	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SHARIRO RAY	
STREET ADDRESS	12737 S.W. 151 LANE	
CITY - ST - ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MILLER ANN	
STREET ADDRESS	12731 S.W. 150 TERRACE	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ROSENFELD ESTELLE	
STREET ADDRESS	12737 S.W. 150 TERRACE	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MURPHY WALTER	
STREET ADDRESS	12732 SW 151 LANE	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHAPIRO, RAY	
STREET ADDRESS	12746 SW 151 LANE	
CITY - ST - ZIP	MIAMI FL 33186	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>V.D. Carzell Morris</b>
2.3 STREET ADDRESS	<b>15076 S.W. 127 CT</b>
2.4 CITY - ST - ZIP	<b>Miami FL 33186</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>T.D. Eli Rosenthal</b>
3.3 STREET ADDRESS	<b>12719 S.W. 150 Terr</b>
3.4 CITY - ST - ZIP	<b>Miami FL 33186</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>S.D. Marilyn Phillips</b>
4.3 STREET ADDRESS	<b>15167 SW 127 Cir Ct</b>
4.4 CITY - ST - ZIP	<b>Miami FL 33186</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>D. Kevin Waitke</b>
5.3 STREET ADDRESS	<b>15141 S.W. 127 Court</b>
5.4 CITY - ST - ZIP	<b>Miami FL 33186</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

**2/6/96** **(305) 371-7555**

CR2E037 (12/95)