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Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003529 (3)**

Corporation Name

DEERING BAY CONDOMINIUM II, INC.

Principal Place of Business 13605 OLD CUTLER ROAD MIAMI FL 33158	Mailing Address 13605 OLD CUTLER ROAD MIAMI FL 33158
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3. Date Incorporated or Qualified

07/26/1995

4. FEI Number

65-0653444

Applied For
Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HASTINGS, WMEN N
24301 WALDEN CENTER DR., SUITE 300
BONITA SPRINGS FL 34134**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CODINA, ARMANDO	
STREET ADDRESS	2 ALHAMBRA PLAZA, PH-1	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VPDT	<input checked="" type="checkbox"/> DELETE
NAME	BEFELER, HENRY	
STREET ADDRESS	2 ALHAMBRA PL, PH2	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VPSD	<input checked="" type="checkbox"/> DELETE
NAME	FERRANTI, ROBERT G	
STREET ADDRESS	13605 OLD CUTTER ROAD	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WHITCOMB, STANLEY P.	
1.3 STREET ADDRESS	13605 DEERING BAY DRIVE	
1.4 CITY-ST-ZIP	CORAL GABLES, FLORIDA 33158	
2.1 TITLE	DVAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HANLON, CHRISTOPHER	
2.3 STREET ADDRESS	24301 WALDEN CENTER DRIVE	
2.4 CITY-ST-ZIP	BONITA SPRINGS, FLORIDA 34134	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BERMAN, IRVIN	
3.3 STREET ADDRESS	13610 DEERING BAY DRIVE	
3.4 CITY-ST-ZIP	CORAL GABLES, FLORIDA 33158	
4.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PAGE, GEORGE	
4.3 STREET ADDRESS	24301 WALDEN CENTER DRIVE	
4.4 CITY-ST-ZIP	BONITA SPRINGS, FLORIDA 34134	
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BINN, RITA M.	
5.3 STREET ADDRESS	13605 DEERING BAY DRIVE	
5.4 CITY-ST-ZIP	CORAL GABLES, FLORIDA 33158	
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 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 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:

Stanley P. Whitcomb Stanley P. Whitcomb, President-Director

CR2E037 (10/97)