

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44667

1. Entity Name

DEER PARK ASSOCIATION, INC.

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90764 001 ***367.50

Principal Place of Business

Mailing Address

2180 W SR 434
 SUITE 5000
 LONGWOOD FL 32779

2180 W SR 434
 SUITE 5000
 LONGWOOD FL 32779

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

59-2973449

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HART, JAMES W., JR.
 2180 W SR 434
 SUITE 5000
 LONGWOOD, FL 32779

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

Signature, typed or printed name of registered agent and title if applicable.

(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 SD ☒ Delete
 NAME HENNESSEY, JIM
 STREET ADDRESS 2611 BURWOOD AVENUE
 CITY-ST-ZIP ORLANDO FL 32837

TITLE D ☐ Change ☒ Addition
 NAME STARNES, KATHY
 STREET ADDRESS 2861 Rolling Brook Drive
 CITY-ST-ZIP Orlando, FL 32837

TITLE VD ☐ Delete
 NAME FLING, STEVE
 STREET ADDRESS 2608 BURWOOD AVENUE
 CITY-ST-ZIP ORLANDO FL

TITLE PD ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE PD ☐ Delete
 NAME WOJTASIAK, GLENDA
 STREET ADDRESS 2674 TOLWORTH AVENUE
 CITY-ST-ZIP ORLANDO FL 32837

TITLE VD ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)