

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90773 014 ****61.25

DOCUMENT # 702445

1. Entity Name
THE DEAUVILLE INC.



Principal Place of Business
**3215 SE 10TH ST
POMPAHO BEACH, FL 33062**

Mailing Address
**3215 SE 10TH ST
POMPAHO BEACH, FL 33062**

14018387



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

59-0951676

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**OPARA, PEGGY D
3215 SE 10TH ST, #202
POMPAHO BEACH, FL 33062**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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	P	<input type="checkbox"/> Delete
NAME	OPARA, PEGGY D	
STREET ADDRESS	3215 SE 10TH ST	
CITY-ST-ZIP	POMPAHO BEACH, FL 33062	
TITLE	V	<input type="checkbox"/> Delete
NAME	RIORDAN, HELEN	
STREET ADDRESS	3215 SE 10TH ST	
CITY-ST-ZIP	POMPAHO BEACH, FL 33062	
TITLE	T	<input type="checkbox"/> Delete
NAME	BEGLEY, EDWARD	
STREET ADDRESS	3215 SE 10TH ST #203	
CITY-ST-ZIP	POMPAHO BEACH, FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERKINS, WAYNE	
STREET ADDRESS	3215 SE 10TH ST #208	
CITY-ST-ZIP	POMPAHO BEACH, FL 33062	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HORN, DIANE M	
STREET ADDRESS	3215 SE 10TH ST	
CITY-ST-ZIP	POMPAHO BEACH, FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
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:

Edward T. Begley (EDWARD T. BEGLEY)

4/29/04

954-788-8463

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #