

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000728

FILED
Feb 03, 2005
Secretary of State

Entity Name: DEERFIELD PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 84-1636378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, KYLE A
242 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

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: JAMES W HART JR

02/03/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SANDERS, KYLE A
Address: 242 NORTH WESTMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: PARIS, JASON
Address: 242 NORTH WESTMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: LYNCH, PAMELA K
Address: 242 NORTH WESTMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SANDERS, KYLE A
Address: 235 NORTH WESTMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VPD (X) Change () Addition
Name: PARIS, JASON
Address: 235 NORTH WESTMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SD (X) Change () Addition
Name: LYNCH, PAMELA K
Address: 235 NORTH WESTMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KYLE A SANDERS

PD

02/03/2005

Electronic Signature of Signing Officer or Director

Date