

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 702445

**FILED**  
**Feb 05, 2010**  
**Secretary of State**

**Entity Name:** THE DEAUVILLE INC.

**Current Principal Place of Business:**

3215 SE 10TH ST  
POMPANO BEACH, FL 33062

**New Principal Place of Business:**

**Current Mailing Address:**

3215 SE 10TH ST  
POMPANO BEACH, FL 33062

**New Mailing Address:**

**FEI Number:** 59-0951676

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OPARA, PEGGY D  
3215 SE 10TH ST, #202  
POMPANO BEACH, FL 33062 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** ZALAC, TOMO D  
**Address:** 3215 SE 10 STREET  
**City-St-Zip:** POMPANO BEACH, FL 33062

**Title:** VP  
**Name:** HORN, DIANE VP  
**Address:** 3215 SE 10 STREET  
**City-St-Zip:** POMPANO BEACH, FL 33062

**Title:** T  
**Name:** SHERMAN, MARY ANN T  
**Address:** 6557 WINDSOR DR  
**City-St-Zip:** PARKLAND, FL 33067

**Title:** P  
**Name:** PERKINS, WAYNE  
**Address:** 3215 SE 10TH ST #208  
**City-St-Zip:** POMPANO BEACH, FL 33062

**Title:** SD  
**Name:** RICK, CAROL SD  
**Address:** 30008 CINNAMON WAY  
**City-St-Zip:** NORTH OLMSTED, OH 44070

I hereby 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 all other like empowered.

**SIGNATURE:** DIANE HORN

VP

02/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date