

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 702445

**Entity Name:** THE DEAUVILLE INC.**Current Principal Place of Business:**3215 SE 10TH ST  
POMPANO BEACH, FL 33062**Current Mailing Address:**3215 SE 10TH ST  
POMPANO BEACH, FL 33062**FEI Number:** 59-0951676**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**METHOD MANAGEMENT, LLC  
3215 SE 10TH ST  
POMPANO BEACH, FL 33062 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:** MARK PARK

03/24/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                        |
|-----------------|------------------------|
| Title           | DIRECTOR               |
| Name            | AMEND, BERNARD         |
| Address         | 3215 SE 10TH ST        |
| City-State-Zip: | POMPANO BEACH FL 33062 |

|                 |                        |
|-----------------|------------------------|
| Title           | PRESIDENT              |
| Name            | DERENZO, MICHAEL       |
| Address         | 3215 SE 10TH ST        |
| City-State-Zip: | POMPANO BEACH FL 33062 |

|                 |                        |
|-----------------|------------------------|
| Title           | TREASURER              |
| Name            | DERENZO, JUDY          |
| Address         | 3215 SE 10TH ST        |
| City-State-Zip: | POMPANO BEACH FL 33062 |

|                 |                        |
|-----------------|------------------------|
| Title           | VP                     |
| Name            | MUIR, LARRY            |
| Address         | 3215 SE 10TH ST        |
| City-State-Zip: | POMPANO BEACH FL 33062 |

|                 |                        |
|-----------------|------------------------|
| Title           | SECRETARY              |
| Name            | CILLO, JOE             |
| Address         | 3215 SE 10TH ST        |
| City-State-Zip: | POMPANO BEACH FL 33062 |

*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:** MICHAEL DERENZO

PRESIDENT

03/24/2020

Electronic Signature of Signing Officer/Director Detail

Date