

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000005241

**FILED**  
**Jan 21, 2016**  
**Secretary of State**  
**CC9621398822**

**Entity Name:** DEERFIELD TRACE COMMUNITY, INC.

**Current Principal Place of Business:**

C/O 461 A1A BEACH BLVD.  
ST AUGUSTINE, FL 32080

**Current Mailing Address:**

C/O 461 A1A BEACH BLVD.  
ST AUGUSTINE, FL 32080 US

**FEI Number:** 41-2116081

**Certificate of Status Desired:** No

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

SOVEREIGN-JACOBS PROPERTY MANAGEMENT COMPANIES, LLC  
461 A1A BEACH BLVD.  
ST AUGUSTINE, FL 32080 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:** ELLEN G. LUMPKIN

01/21/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name CARDWELL, BOBBY  
Address C/O SOVEREIGN & JACOBS  
461 A1A BEACH BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32080

Title SECRETARY, TREASURER  
Name NORGART, ANDREW  
Address C/O SOVEREIGN & JACOBS  
461 A1A BEACH BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32080

Title VP  
Name DALE, GLORIA  
Address C/O SOVEREIGN & JACOBS  
461 A1A BEACH BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32080

*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:** BOBBY CARDWELL

**PRESIDENT**

01/21/2016

Electronic Signature of Signing Officer/Director Detail

Date