

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000000728

**FILED**  
**Jan 14, 2019**  
**Secretary of State**  
**7988012211CC**

**Entity Name:** DEERFIELD PLACE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ACCESS MANAGEMENT  
215 CELEBRATION PLACE SUITE 115  
CELEBRATION , FL 34747

**Current Mailing Address:**

C/O ACCESS MANAGEMENT  
215 CELEBRATION PLACE SUITE 115  
CELEBRATION , FL 34747 US

**FEI Number: 84-1636378**

**Certificate of Status Desired: No**

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

ACCESS RESIDENTIAL MANAGEMENT  
C/O ACCESS MANAGEMENT  
215 CELEBRATION PLACE SUITE 115  
CELEBRATION , FL 34747 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: MICHAEL LASTER, VP OF OPERATIONS, ACCESS MANAGEMENT** **01/14/2019**  
Electronic Signature of Registered Agent Date

**Officer/Director Detail :**

Title VP  
Name TEEKASINGH, SHERLOCK  
Address C/O ACCESS MANAGEMENT  
215 CELEBRATION PLACE SUITE 115  
City-State-Zip: CELEBRATION FL 34747

Title PRESIDENT  
Name BERGERON, RON  
Address C/O ACCESS MANAGEMENT  
215 CELEBRATION PLACE SUITE 115  
City-State-Zip: CELEBRATION FL 34747

Title SECRETARY  
Name PURSER, CLAUDIA  
Address C/O ACCESS MANAGEMENT  
215 CELEBRATION PLACE SUITE 115  
City-State-Zip: CELEBRATION FL 34747

Title DIRECTOR  
Name MORRIS, NOEL  
Address C/O ACCESS MANAGEMENT  
215 CELEBRATION PLACE SUITE 115  
City-State-Zip: CELEBRATION FL 34747

Title TREASURER  
Name MOORE, CONNIE  
Address C/O ACCESS MANAGEMENT  
215 CELEBRATION PLACE SUITE 115  
City-State-Zip: CELEBRATION FL 34747

*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: RON BERGERON** **PRESIDENT** **01/14/2019**  
Electronic Signature of Signing Officer/Director Detail Date