

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000728

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 SECRETARY
Name PURSER, CLAUDIA
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

Title PRESIDENT
Name BERGERON, RON
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

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