## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48670

Entity Name: DEERFIELD POINTE HOMEOWNER'S ASSOCIATION, INC.

FILED Feb 07, 2018 Secretary of State CC2451957593

## **Current Principal Place of Business:**

FAWNRIDGE LANE ORANGE PARK. FL 32073

## **Current Mailing Address:**

7400 BAYMEADOWS WAY SUITE 317 JACKSONVILLE, FL 32256 US

FEI Number: 59-3142442 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CMC JACKSONVILLE, INC. 7400 BAYMEADOWS WAY SUITE 317 JACKSONVILLE, FL 32256 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: JENNIFER PRESSON 02/07/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title PRES Title TREASURER, VP
Name WAGNER, CHARLES JR. Name ALLEN, ANDY

Address 7400 BAYMEADOWS WAY Address 7400 BAYMEADOWS WAY

SUITE 317

City-State-Zip: JACKSONVILLE FL 32256 City-State-Zip: JACKSONVILLE FL 32256

Title SECRETARY Title DIRECTOR

Name KOWALEWSKI, DEBORAH Name CANADA, DEBRA

Address 7400 BAYMEADOWS WAY Address 7400 BAYMEADOWS WAY

SUITE 317 SUITE 317

City-State-Zip: JACKSONVILLE FL 32256 City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR

Name FITZHUGH, KATHERINE
Address 7400 BAYMEADOWS WAY

SUITE 317

SUITE 317

City-State-Zip: JACKSONVILLE FL 32256

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: CHARLES WAGNER, JR

**PRESIDENT** 

02/07/2018