

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003725

Entity Name: DELUNA POINT HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**657 EAST ROMANA ST.
PENSACOLA, FL 32502**Current Mailing Address:**PO BOX 12507
PENSACOLA, FL 32591 US**FEI Number: 59-3237935****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MOODY, SUSAN L
657 EAST ROMANA ST.
PENSACOLA, FL 32502 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR, SECRETARY
Name	WHITE, DONALD
Address	PO BOX 12507
City-State-Zip:	PENSACOLA FL 32591

Title	DIRECTOR
Name	STANSELL, BUD
Address	657 EAST ROMANA ST.
City-State-Zip:	PENSACOLA FL 32502

Title	DIRECTOR, PRESIDENT
Name	DORFMAN, NEIL
Address	PO BOX 12507
City-State-Zip:	PENSACOLA FL 32591

Title	DIRECTOR, TREASURER
Name	MALONE, MICHELLE
Address	PO BOX 12507
City-State-Zip:	PENSACOLA FL 32591

Title	DIRECTOR, VP
Name	FOSS, JAMES
Address	PO BOX 12507
City-State-Zip:	PENSACOLA FL 32591

Title	DIRECTOR
Name	DESILVA, KATHLEEN
Address	PO BOX 12507
City-State-Zip:	PENSACOLA FL 32591

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: NEIL DORFMAN**PRESIDENT****02/23/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date