

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90342 008 \*\*\*\*70.00

**DOCUMENT # 751331**

1. Entity Name  
**DEERWOOD HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**15600 SW 288 ST  
SUITE #406  
HOMESTEAD, FL 33033 US**

Mailing Address  
**P.O. BOX 924176  
HOMESTEAD, FL 33092**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2672373**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUENTHER-GOODMAN, JOYCE PA  
10723 SW 104 STREET  
MIAMI, FL 33176**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME BEGGS, ROBERT  
STREET ADDRESS 14638 SW 128 CT RD  
CITY-ST-ZIP MIAMI, FL 33186

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME ROMAN, SANDRA  
STREET ADDRESS 15121 SW 128 AVE  
CITY-ST-ZIP MIAMI, FL 33186

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME MCGILL, KAREN  
STREET ADDRESS 14930 SW 129 PLACE RD.  
CITY-ST-ZIP MIAMI, FL 33186

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME GALLARDO, MARILYN  
STREET ADDRESS 12325 SW 151ST STREET  
CITY-ST-ZIP MIAMI, FL 33186

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME WOITKE, KEVIN  
STREET ADDRESS 15141 S. W. 127 CT.  
CITY-ST-ZIP MIAMI, FL 33186

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME WEISBERG, AL  
STREET ADDRESS 12680 SW 144 TR  
CITY-ST-ZIP MIAMI, FL 33186

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-06-06

Date

305-253-2074

Daytime Phone #