

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90035 022 ****61.25

DOCUMENT # 767427 1. Entity Name DEERFIELD LAKE HOME-OWNERS ASSOCIATION, INC.			
Principal Place of Business C/O JEAN WHALEY 4410 NW 67TH CT COCONUT CREEK, FL 33067 US		Mailing Address 6910 NW 43RD AVE A-15 COCONUT CREEK, FL 33073 US	
2. Principal Place of Business 4400 NW 69 CT. Suite, Apt. #, etc.		3. Mailing Address 4350 NW 67 CT. Suite, Apt. #, etc. U-17	
City & State COCONUT CREEK		City & State COCONUT CREEK	
Zip 33073	Country BROWARD	Zip 33073	Country BROWARD
4. FEI Number 59-2497937		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEVIER, JOYCE 6720 NW 45TH WAY COCONUT CREEK, FL 33073		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 <i>Joyce Sevier</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 2-25-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, BILLY 4500 NW 68TH STREET COCONUT CREEK, FL 33073	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HANK PENDL 6760 NW 45 WAY COCONUT CREEK, FL 33073	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCOTT, RICHARD 4431 NW 69 PLACE COCONUT CREEK, FL 33073	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHALL, GLORIA 4350 NW 67TH CT COCONUT CREEK, FL 33073	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SEVIER, JOYCE 6720 NW 45TH WAY COCONUT CREEK, FL 33073	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANSBURY, ANN 6751 NW 45TH WAY COCONUT CREEK, FL 33073	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARKIN, MARY ANN 4410 NW 68TH STREET COCONUT CREEK, FL 33073	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOHR, JUDY 4431 NW 69 PL. COCONUT CREEK, FL 33073	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAY, CHARLES 6750 NW 45 WAY COCONUT CREEK, FL 33073	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Gloria Shall</i> GLORIA SHULL		Date 2/25/04 Daytime Phone # 954-574-0522	