


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90059 015 \*\*\*\*\*70.00

<b>DOCUMENT # 767427</b>	
<b>1. Entity Name</b> DEERFIELD LAKE HOME-OWNERS ASSOCIATION, INC.	

<b>Principal Place of Business</b> C/O JEAN WHALEY 4400 NW 69CT. COCONUT CREEK FL 33073 US	<b>Mailing Address</b> 6720 NW 45 WAY R5 COCONUT CREEK FL 33073-1900 US
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<b>2. Principal Place of Business</b> 20 Edith C. McDaniel	<b>3. Mailing Address</b> 6731 NW 45th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> Coconut Creek, Fla	<b>City &amp; State</b> Coconut Creek Fla
<b>Zip</b> 33073	<b>Zip</b> 33073
<b>Country</b> USA	<b>Country</b> USA

<b>6. Name and Address of Current Registered Agent</b>  SEVIER, JOYCE 6720 NW 45TH WAY COCONUT CREEK FL 33073	<b>7. Name and Address of New Registered Agent</b>  Name: Cynthia Della Cava Street Address (P.O. Box Number is Not Acceptable): 6961 N.W. 44th Ave  City: Coconut Creek FL Zip Code: 33073
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**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: Cynthia Della Cava DATE: 2/6/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> VP	<b>NAME</b> PENDL, HANK <b>STREET ADDRESS</b> 6760 NW 45 WAY <b>CITY-ST-ZIP</b> COCONUT CREEK FL 33073	<b>TITLE</b> Vice President	<b>NAME</b> George Gwinn <b>STREET ADDRESS</b> 41530 NW 69th ST. <b>CITY-ST-ZIP</b> Coconut Creek, Fla 33073
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<b>TITLE</b> S	<b>NAME</b> SHULL, GLORIA <b>STREET ADDRESS</b> 4350 NW 67TH CT <b>CITY-ST-ZIP</b> COCONUT CREEK FL 33073	<b>TITLE</b> Secretary	<b>NAME</b> Portia J. Schuppener <b>STREET ADDRESS</b> 6831 NW 43rd Ave. <b>CITY-ST-ZIP</b> Coconut Creek, Fla 33073
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<b>TITLE</b> D	<b>NAME</b> LOHR, JUDY <b>STREET ADDRESS</b> 4421 NW 69 PL. <b>CITY-ST-ZIP</b> COCONUT CREEK FL 33073	<b>TITLE</b>	<b>NAME</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>TITLE</b> D	<b>NAME</b> MURRAY, CHARLES <b>STREET ADDRESS</b> 6750 NW 45 WAY <b>CITY-ST-ZIP</b> COCONUT CREEK FL 33073	<b>TITLE</b>	<b>NAME</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>TITLE</b> D	<b>NAME</b> LARKIN, MARY ANN <b>STREET ADDRESS</b> 4410 NW 68TH STREET <b>CITY-ST-ZIP</b> COCONUT CREEK FL 33073	<b>TITLE</b> Director	<b>NAME</b> Jaron Turner <b>STREET ADDRESS</b> 6961 NW 43rd Terr. <b>CITY-ST-ZIP</b> Coconut Creek, Fla 33073
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b> Director	<b>NAME</b> Irene Vos Burch <b>STREET ADDRESS</b> 4450 NW 67th Ct. <b>CITY-ST-ZIP</b> Coconut Creek, Fla 33073
<input type="checkbox"/> Delete		<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:** Edith C. McDaniel Pres 2-6-05 (954) 698-1032

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #

# ATTACHMENT

40018386

#767427

Director:

Ernst J. Speiser

4550 NW 64<sup>th</sup> St.

Coconut Creek, Fla 33073

Edith C. McDonald President

6731 NW 45<sup>th</sup> Way

Coconut Creek Fla 33073

(954) 698-1032

For Questions