

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90180 001 ****61.25
03-07-2007 90180 002 *****8.75

DOCUMENT # 767427

1. Entity Name
DEERFIELD LAKE HOME-OWNERS ASSOCIATION, INC.



Principal Place of Business
**C/O EDITH C MCDANIEL
6731 NW 45TH WAY
COCONUT CREEK, FL 33073 US**

Mailing Address
**6731 NW 45TH WAY
COCONUT CREEK, FL 33073 US**

00004101



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02082007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2497937

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**DELLACAVA, CYNTHIA
6961NW 44TH AVE
COCONUT CREEK, FL 33073**

Name **Judith W. Benoit**

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

6871 NW 45th Ter. N-26

City **Coconut Creek** FL Zip Code **33073**

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 **Judith W Benoit**
Signature, typed or printed name of registered agent and title if applicable.

Judith W Benoit
(NOTE: Registered Agent signature required when reinstating)

2-22-07
DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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 **VP** ☐ Delete
NAME **GWINN, GEORGE**
STREET ADDRESS **4520 NW 68TH STREET**
CITY-ST-ZIP **POMPANO BEACH, FL 33073**

TITLE **VP** ☒ Change ☐ Addition
NAME **George Gwinn**
STREET ADDRESS **6741 NW 45th Way Q11**
CITY-ST-ZIP **Coconut Creek Fla 33073**

TITLE **S** ☒ Delete
NAME **SCHUPPENER, PORTIA J**
STREET ADDRESS **6831 NW 43RD AVE**
CITY-ST-ZIP **COCONUT CREEK, FL 33073**

TITLE **S** ☐ Change ☒ Addition
NAME **Marion Alice Stone**
STREET ADDRESS **4500 NW 67th Ct. U-38**
CITY-ST-ZIP **Coconut Creek Fla 33073**

TITLE **D** ☒ Delete
NAME **STANSBURY, ANN**
STREET ADDRESS **6751 NW 45TH WAY**
CITY-ST-ZIP **COCONUT CREEK, FL 33073**

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

TITLE **D** ☐ Delete
NAME **VEINS, JUDY**
STREET ADDRESS **4351 NW 67TH PLACE**
CITY-ST-ZIP **COCONUT CREEK, FL 33073**

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

TITLE **D** ☒ Delete
NAME **TURNER, LARRY**
STREET ADDRESS **4460 NW 67TH COURT**
CITY-ST-ZIP **COCONUT CREEK, FL 33073**

TITLE **D** ☐ Change ☒ Addition
NAME **Ernst Speiser**
STREET ADDRESS **4550 NW 69th St. J-06**
CITY-ST-ZIP **Coconut Creek Fla 33073**

TITLE **D** ☐ Delete
NAME **FREESTONE, VIRGINIA**
STREET ADDRESS **6731 NW 44TH AVENUE**
CITY-ST-ZIP **COCONUT CREEK, FL 33073**

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: **Edith C McDaniel Pres. Edith C McDaniel**

2-14-07 954-698-1032
Date Daytime Phone #