FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:13

DOCUMENT # 768124 (0)

1. Corporation Name

DEERFIELD BEACH SINGLE FAMILY HOMEOWNER'S ASSOCI ATION, INC.

Principal Place of Business	Mailing Address
155 SE 19TH AVE DEERFIELD BEACH FL 33441	155 SE 19TH AVE DEERFIELD BEACH FL 33441

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/25/1983
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-2396971 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 26
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BUSCH, FRED C.
155 SE 19 AVENUE
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	SCHOLTZ, MARY W.	1.2 NAME		
STREET ADDRESS	1617 SE 5TH STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH, FL 00000	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	KRAL, EDWARD	2.2 NAME		
STREET ADDRESS	817 SE 16 CT	2.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH FL	2.4 CITY-ST-ZIP		
TITLE	P	3.1 TITLE		☒ Change ☐ Addition
NAME	ORTLAND, ELSIE O	3.2 NAME	ELSIE P. ORTLAND	
STREET ADDRESS	1324 S. DEERFIELD AVE.	3.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH FL	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	HEGARTY, BERTHA	4.2 NAME		
STREET ADDRESS	915 SE 14 CT	4.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	BUSCH, FRED C.	5.2 NAME		
STREET ADDRESS	155 SE 19TH AVENUE	5.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH FL	5.4 CITY-ST-ZIP		
TITLE	T	6.1 TITLE	TREAS.	☒ Change ☐ Addition
NAME	CUOMO, FRANK	6.2 NAME	Betty Busch	
STREET ADDRESS	11100 SE 8TH CT	6.3 STREET ADDRESS	155 SE 19TH AVE	
CITY-ST-ZIP	DEERFIELD BCH FL	6.4 CITY-ST-ZIP	Deerfield Beach Fl	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elsie P. Ortland Pres. 1/22/95 305-421-0765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ELSIE P. ORTLAND Pres.

000049