

FILE NOW: FILING FEE IS \$61.25

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Apr 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **768124** (0)

1. Corporation Name

**DEERFIELD BEACH SINGLE FAMILY HOMEOWNER'S ASSOCIATION, INC.**

Principal Place of Business

**155 SE 19TH AVE  
DEERFIELD BEACH FL 33441**

Mailing Address

**155 SE 19TH AVE  
DEERFIELD BEACH FL 33441-4556**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/25/1983</b>		3a. Date of Last Report <b>02/26/1996</b>	
21		26		4. FEI Number <b>59-2396971</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip		Country		Zip		Country	
24		25		29		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
85	Zip Code

**FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHOLTZ, MARY W.</b>	1.2 NAME	
STREET ADDRESS	<b>1617 SE 5TH STREET</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DEERFIELD BCH, FL 00000</b>	1.4 CITY - ST - ZIP	
TITLE	<b>V.P.</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LORRAINE, RICHARD J</b>	2.2 NAME	<b>LORRAINE, RICHARD J</b>
STREET ADDRESS	<b>109 N.E. 9TH AVENUE</b>	2.3 STREET ADDRESS	<b>109 N.E. 9TH AVENUE</b>
CITY - ST - ZIP	<b>DEERFIELD BCH FL 33441</b>	2.4 CITY - ST - ZIP	<b>DEERFIELD BCH FL 33441</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRAL, EDWARD</b>	3.2 NAME	<b>KRAL, EDWARD</b>
STREET ADDRESS	<b>817 SE 16 CT.</b>	3.3 STREET ADDRESS	<b>817 SE 16 CT</b>
CITY - ST - ZIP	<b>DEERFIELD BCH FL 33441</b>	3.4 CITY - ST - ZIP	<b>DEERFIELD BEACH, FL 33441</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEGARTY, BERTHA</b>	4.2 NAME	<b>SCHOLTZ, MARY W</b>
STREET ADDRESS	<b>915 SE 14 CT</b>	4.3 STREET ADDRESS	<b>1617 SE 5TH STREET</b>
CITY - ST - ZIP	<b>DEERFIELD BCH FL</b>	4.4 CITY - ST - ZIP	<b>DEERFIELD BEACH, FL 33441</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUSCH, FRED C.</b>	5.2 NAME	
STREET ADDRESS	<b>155 SE 19TH AVENUE</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DEERFIELD BCH FL</b>	5.4 CITY - ST - ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUSCH, BETTY</b>	6.2 NAME	
STREET ADDRESS	<b>155 SE 19TH AVE</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DEERFIELD BEACH FL</b>	6.4 CITY - ST - ZIP	

14. I do 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 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-7-97**  
Date

**954-481-1714**  
Daytime Phone # 0042703