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NONPROFIT CORPORATION ANNUAL REPORT 1998

DEERFIELD BEACH FL 33441



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # (0)768124

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

Principal Place of Business Malling Address 155 SE 19TH AVE 155 SE 19TH AVE 3. Date Incorporated or Qualified DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 04/25/1983 4. FEI Number Applied For 59-2396971 Not Applicable 2a. Mailing Address 2. Principal Place of Business \$8.75 Additional 5. Certificate of Status Desired 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 28 Country Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BUSCH, FRED C. Street Address (P.O. Box Number Is Not Acceptable) 155 SE 19 AVENUE

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 of the state of the purpose of changing its registered by the corporation of the purpose of the state of the purpose of the purp

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agent. I a	m familiar with, and accept the obligations of, S	ection 617.0503, FI	orida Statutes.	many board of disposals. Thoroby accept the appe		- 4
SIGNATURE .	Signature, typed or printed name of registered agent and title if a	policable (NO	E: Registered Agent signature requ	lied when reinstating) DATE	_	
12.	OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change	Additio
NAME	SCHOLTZ, MARY W.		12 NAME			
STREET ADDRESS	1617 SE 5TH STREET		1.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BCH, FL 00000		1.4 CITY-ST-ZIP			
TITLE	P	DELETE	2.1 TITLE		Change	Additio
NAME	LORRAINE, RICHARD J		2.2 NAME			
STREET ADDRESS	109 N.E. 9TH AVENUE		2.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BCH FL		2.4 CITY-ST-ZIP			
TITLE	VP	DELETE	3.1 TITLE		Change	Addition
NAME	KRAL, EDWARD		32 NAME			
STREET ADDRESS	817 SE 16 CT.		3.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BCH FL		3.4. CITY-ST-ZIP			
TITLE	S	DELETE	4.1 TAILE		Change	Additio
NAME	SCHOLTZ, MARY W		4. 2 NAME			
STREET ADDRESS	1617 SE 5TH STREET		4.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BCH FL		4.4 CITY - ST - ZIP			
TITLE	D	DELETE	5.1 TITLE		Change	Additio
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	1	DELETE	6.1 TITLE		Change	Addition
NAME	BUSCH, BETTY	•	6.2 NAME			
STREET ADDRESS	155 SE 19TH AVE		6.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL		6.4 CITY - ST - ZIP			

14. 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 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 chapted, or on an attachment with an address.

SIGNATURE:

FILED

Mar 24 1998 8:00am

Secretary of State

Zip Code