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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768124

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/25/1983

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

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 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 Fred C. Busch, Director

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

(NOTE: Registered Agent signature required when reinstating)

DATE 3/22/99

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME **SCHOLTZ, MARY W.**
STREET ADDRESS **1617 SE 5TH STREET**
CITY-ST-ZIP **DEERFIELD BCH, FL 00000**

TITLE P ☐ DELETE

NAME **LORRAINE, RICHARD J**
STREET ADDRESS **109 N.E. 9TH AVENUE**
CITY-ST-ZIP **DEERFIELD BCH FL**

TITLE VP ☐ DELETE

NAME **KRAL, EDWARD**
STREET ADDRESS **817 SE 16 CT.**
CITY-ST-ZIP **DEERFIELD BCH FL**

TITLE S ☒ DELETE

NAME **SCHOLTZ, MARY W**
STREET ADDRESS **1617 SE 5TH STREET**
CITY-ST-ZIP **DEERFIELD BCH FL**

TITLE D ☐ DELETE

NAME **BUSCH, FRED C.**
STREET ADDRESS **155 SE 19TH AVENUE**
CITY-ST-ZIP **DEERFIELD BCH FL**

TITLE T ☐ DELETE

NAME **BUSCH, BETTY**
STREET ADDRESS **155 SE 19TH AVE**
CITY-ST-ZIP **DEERFIELD BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME **Bruce Rodgers**
1.3 STREET ADDRESS **1470 SW 3rd Terr.**
1.4 CITY-ST-ZIP **Deerfield Beach, FL 33441**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **S**
4.3 STREET ADDRESS **A. Laura Haber**
4.4 CITY-ST-ZIP **218 S.E. 18th St.**
Deerfield Beach, FL 33441

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard J. Lorraine, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/99
Date

954-428-2200
Daytime Phone #

CR2E037 (11/98)