

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State
 04-02-2001 90102 002 ****61.25

0052802

DOCUMENT # 768124

1. Entity Name

DEERFIELD BEACH SINGLE FAMILY HOMEOWNER'S ASSOCI

Principal Place of Business

Mailing Address

155 SE 19TH AVE
 DEERFIELD BEACH FL 33441

155 SE 19TH AVE
 DEERFIELD BEACH FL 33441

00030349



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2396971

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

BUSCH, ELIZABETH A
155 SE 19 AVENUE
DEERFIELD BEACH FL 33441

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Delete
 NAME **RODGERS, BRUCE**
 STREET ADDRESS **1470 SW 3RD TERR**
 CITY-ST-ZIP **DEERFIELD BCH FL 33441**

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

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

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

TITLE **D** ☐ Delete
 NAME **SCALZO, DON R**
 STREET ADDRESS **400 S FEDERAL HIGHWAY**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

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

TITLE **S** ☐ Delete
 NAME **HABER, A LAURA**
 STREET ADDRESS **218 S E 18TH ST**
 CITY-ST-ZIP **DEERFIELD BCH FL 33441**

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

TITLE **D** ☐ Delete
 NAME **CASTRO, JACKIE**
 STREET ADDRESS **71 NE 7TH AVENUE**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

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

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

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

12. 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 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

RICHARD J. LORRAINE, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/25/01 (454) 428-2200

CR2E037 (10/00)