

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90278 027 ****61.25

DOCUMENT # 768124

1. Entity Name

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



Principal Place of Business

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

Mailing Address

**P.O. BOX 530
DEERFIELD BEACH FL 33443**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2396971

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	RODGERS, BRUCE	
STREET ADDRESS	1470 SW 3RD TERR	
CITY-ST-ZIP	DEERFIELD BCH FL 33441	
TITLE	P	<input type="checkbox"/> Delete
NAME	LORRAINE, RICHARD J	
STREET ADDRESS	109 N.E. 9TH AVENUE	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOUGE, HELENE M	
STREET ADDRESS	1018 SE 6 ST.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	D	<input type="checkbox"/> Delete
NAME	PACHECO, ANGELO	
STREET ADDRESS	6 S.E. 12TH ST.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CASTRO, JACKIE	
STREET ADDRESS	71 NE 7TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BUSCH, BETTY	
STREET ADDRESS	155 SE 19TH AVE	
CITY-ST-ZIP	DEERFIELD BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUOMO, FRANK (CUOMO, FRANK)	
STREET ADDRESS	3110 SE 8th Ct.	
CITY-ST-ZIP	Deerfield Beach, FL 33441	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* *Richard J. Lorraine* *3/15/06* *954-428-2200*