

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # M86102

1. Entity Name
DEITZ REALTY COMPANY



Principal Place of Business

**1555 PALM BEACH LAKES BLVD., SUITE 1100
WEST PALM BEACH, FL 33401**

Mailing Address

**C/O WILLIAM A. DEITZ
1555 PALM BEACH LAKES BLVD., SUITE 1100
WEST PALM BEACH, FL 33401**



02282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0059584

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ECCLESTONE, E. LLWYD
1555 PALM BEACH LAKES BLVD
SUITE 1100
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

1100000346578
04/30/05-80082-003 158 75

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DEITZ, ANDREW
STREET ADDRESS 155 PLAM BEACH LAKES BLVD #1100
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE DC
NAME ECCLESTONE, E. L., JR.
STREET ADDRESS 1555 PALM BEACH LKS BLVD
CITY-ST-ZIP WEST PALM BEACH, FL

TITLE S
NAME GAMON, NANNETTE
STREET ADDRESS 1555 PALM BCH LKS BLVD.
CITY-ST-ZIP W PALM BCH, FL

TITLE EVT
NAME COOPER, RON
STREET ADDRESS 1555 PALM BCH LKS BLVD.
CITY-ST-ZIP W. PALM BCH., FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ron Cooper

4/27/05

561-686-2000

Date

Daytime Phone #