

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90065 031 ****61.25

DOCUMENT # N00000005277

1. Entity Name

DEERFIELD FARMS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

3034 N.W. 66TH BLVD.
JENNINGS FL 32053

Mailing Address

3034 N.W. 66TH BLVD.
JENNINGS FL 32053

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES
(address)

4. FEI Number 03-0405844

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEASHOLTZ, CONRAD EMORY
3208 NW 29TH LANE
JENNINGS FL 32053

7. Name and Address of New Registered Agent

Name Seasholtz, Ira J.

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

3034 NW 66th Blvd

City

JENNINGS

FL

Zip Code

32053

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

Ira J. Seasholtz

2-28-2003

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SEASHOLTZ, CONRAD E	
STREET ADDRESS	3208 NW 29TH LANE	
CITY-ST-ZIP	JENNINGS FL 32053	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEASHOLTZ, IVAN K	
STREET ADDRESS	3188 NW 66TH BLVD	
CITY-ST-ZIP	JENNINGS FL 32053	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEASHOLTZ, IRA J	
STREET ADDRESS	3034 NW 66TH BLVD	
CITY-ST-ZIP	JENNINGS FL 32053	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Seasholtz, Conrad E.	
STREET ADDRESS	Golf Drive, PO Box 370	
CITY-ST-ZIP	Lake Park, Ga. 31636	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Ira John Seasholtz Ira John Seasholtz 2-28-2003

(386-793-1165)

CR2E037 (10/02)