FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 20 PM 2:09

DOCUMENT # N00287 (5)

1. Corporation Name
DEER POINTE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% PETER N.BONITATIBUS ~~105 N.W. SPANISH RIVER BLVD.,STE.120~~ BOCA RATON FL 33431	% PETER N.BONITATIBUS ~~105 N.W. SPANISH RIVER BLVD.,STE.120~~ BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/12/1983
3a. Date of Last Report: 03/01/1994
4. FEI Number: 59-2512970 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1515 N. FEDERAL HWY	26 1515 N FEDERAL HWY
22 Suite, Apt. #, etc. # 222	27 Suite, Apt. #, etc. #222
23 City & State BOCA RATON FL	28 City & State BOCA RATON FL
24 Zip 33432 25 Country	29 Zip 33432 30 Country

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BONITATIBUS, PETER N.
~~105 N.W. SPANISH RIVER BLVD.,STE.120~~
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1515 N. FEDERAL HWY # 222
83
84 City BOCA RATON FL 85 Zip Code 33432

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: P. Peter Bonitatibus 3/14/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	~~KAVE, EMILY~~	1.2 NAME	Roth, Arthur	
STREET ADDRESS	~~357 N.W 36TH AVE.~~	1.3 STREET ADDRESS	351 NW 36th Avenue	
CITY-ST-ZIP	~~DEERFIELD BCH. FL 33442~~	1.4 CITY-ST-ZIP	Deerfield Beach FL 33442	
TITLE	VPD	2.1 TITLE		☐ Change ☐ Addition
NAME	EDWARDS, DEBBIE	2.2 NAME		
STREET ADDRESS	3657 NW 6TH ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH. FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	KIRK, TERI	3.2 NAME		
STREET ADDRESS	325 NW 36TH AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH. FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	COHEN, LORETTA	4.2 NAME		
STREET ADDRESS	297 NW 36TH AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	D	☐ Change ☒ Addition
NAME		5.2 NAME	Kurcivez, Mike	
STREET ADDRESS		5.3 STREET ADDRESS	3675 NW 6th St	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Deerfield Beach FL 33442	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Lorette Cohen 3/15/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010370