

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N00287 (5)
1. Corporation Name
DEER POINTE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: % PETER N. BONITATIBUS, 1515 N. FEDERAL HIGHWAY, #222, BOCA RATON FL 33432 US
Mailing Address: % PETER N. BONITATIBUS, 1515 W. FEDERAL HIGHWAY, #222, BOCA RATON FL 33431 US

3. Date Incorporated or Qualified: **12/12/1983**
3a. Date of Last Report: **03/20/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2512970	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country	30. Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BONITATIBUS, PETER N. 1515 NORTH FEDERAL HIGHWAY #222 BOCA RATON FL 33432		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL
		85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	ROTH, ARTHUR 351 NW 36TH AVENUE DEERFIELD BEACH FL	1.1 TITLE: PD	Smith, Kenneth 405 NW 36 Avenue Deerfield Beach FL 33442
<input checked="" type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VPD	EDWARDS, DEBBIE 3657 NW 6TH ST DEERFIELD BCH. FL	2.1 TITLE: SD	Miranda, Ginny 329 NW 36 Avenue Deerfield Beach FL 33442
<input checked="" type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: SD	KIRK, TERI 325 NW 36TH AVE DEERFIELD BCH. FL	3.1 TITLE: ARB	Kurciviez, Michael 3675 NW 6 St Deerfield Beach FL 33442
<input checked="" type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: TD	COHEN, LORETTA 297 NW 36TH AVE DEERFIELD BEACH FL	4.1 TITLE: TD	Glassman, Joyce 249 NW 36 Avenue Deerfield Beach FL 33442
<input checked="" type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D	KURCIVEZ, MIKE 3675 NW 6TH ST. DEERFIELD BEACH FL	5.1 TITLE:	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:		6.1 TITLE:	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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)(k), 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: *Joyce Glassman* 2/6/96 407-9987-000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time/Phone

CR2E037 (12/95)