

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # N00287 (5)
1. Corporation Name

DEER POINTE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% PETER N. BONITATIBUS
1515 N. FEDERAL HIGHWAY, #222
BOCA RATON FL 33432
US% PETER N. BONITATIBUS
1515 W. FEDERAL HIGHWAY, #222
BOCA RATON FL 33432-1952
US3. Date Incorporated or Qualified
12/12/19833a. Date of Last Report
02/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-2512970

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida StatutesYes ☐ No ☒

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME SMITH, KENNETH
STREET ADDRESS 405 NW 36 AVENUE
CITY-ST-ZIP DEERFIELD BEACH FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE SD ☒ DELETE
NAME MIRANDA, GINNY
STREET ADDRESS 329 NW 36 AVENUE
CITY-ST-ZIP DEERFIELD BCH. FL2.1 TITLE ☐ Change ☒ Addition
2.2 NAME VD MITCHELL, SHIRLEY
2.3 STREET ADDRESS 311 NW 36TH AVE
2.4 CITY-ST-ZIP DEERFIELD BEACH, FL 33442TITLE ARB ☒ DELETE
NAME KURCIVEZ, MICHAEL
STREET ADDRESS 3675 NW 6 STREET
CITY-ST-ZIP DEERFIELD BCH. FL3.1 TITLE ☐ Change ☒ Addition
3.2 NAME SD
3.3 STREET ADDRESS DOWNES, TRUDY
3.4 CITY-ST-ZIP 535 NW 36TH AVE
DEERFIELD BEACH, FL 33442TITLE TD ☒ DELETE
NAME GLASSMAN, JOYCE
STREET ADDRESS 249 NW 36 AVENUE
CITY-ST-ZIP DEERFIELD BEACH FL4.1 TITLE ☐ Change ☒ Addition
4.2 NAME TD
4.3 STREET ADDRESS GOLDSTEIN, BARBARA
4.4 CITY-ST-ZIP 253 NW 36TH AVE
DEERFIELD BEACH, FL 33442TITLE D ☒ DELETE
NAME KURCIVEZ, MIKE
STREET ADDRESS 3675 NW 6TH ST.
CITY-ST-ZIP DEERFIELD BEACH FL5.1 TITLE ☐ Change ☒ Addition
5.2 NAME D REYBURN, PAUL
5.3 STREET ADDRESS 517 NW 36TH AVE
5.4 CITY-ST-ZIP DEERFIELD BEACH, FL 33442TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0038901

CR2E037 (9/96)