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Jan 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # 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 33431 US

3. Date Incorporated or Qualified: 12/12/1983

4. FEI Number: 59-2512970 ☐ Applied For ☐ Not Applicable

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 2801 N. MILITARY TRAIL	26 2801 N. MILITARY TRAIL
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 BOCA RATON, FL	City & State 28 BOCA RATON, FL
Zip / Country 24 33431 / 25 PALM BEACH	Zip / Country 29 33431 / 30 PALM BEACH

9. Name and Address of Current Registered Agent

BONITATIBUS, PETER N.
1515 NORTH FEDERAL HIGHWAY
#222
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name: DAVID HAAG
82 Street Address (P.O. Box Number is Not Acceptable): 2801 N. MILITARY TRAIL
83
84 City: BOCA RATON **FL** 85 Zip Code: 33431

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: David Haag — 1/13/98
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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, KENNETH		1.2 NAME		
STREET ADDRESS	405 NW 36 AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MITCHELL, SHIRLEY		2.2 NAME		
STREET ADDRESS	311 NW 36 AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH. FL		2. 4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DOWNES, TRUDY		3.2 NAME		
STREET ADDRESS	535 NW 36 AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH. FL		3.4. CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GOLDSTEIN, BARBARA		4. 2 NAME		
STREET ADDRESS	253 NW 36 AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	REYBURN, PAUL		5.2 NAME		
STREET ADDRESS	517 NW 360 AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: [illegible] **TURE REQUIRED** 1/15/98 561-241-0285