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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00287

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

Principal Place of Business	Mailing Address
2801 N MILITARY TRAIL BOCA RATON FL 33431 US	2801 N MILITARY TRAIL BOCA RATON FL 33431 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/12/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2512970 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HAAG, DAVID
2801 N MILITARY TRAIL
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	SMITH, KENNETH		1.2 NAME	McCLUNG, KERWIN	
STREET ADDRESS	405 NW 36 AVENUE		1.3 STREET ADDRESS	385 NW 36TH AVE	
CITY-ST-ZIP	DEERFIELD BEACH FL		1.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	VD	☒ DELETE	2.1 TITLE	VPD	☐ Change ☒ Addition
NAME	MITCHELL, SHIRLEY		2.2 NAME	NOTTKE, LINDA	
STREET ADDRESS	311 NW 36 AVE		2.3 STREET ADDRESS	223 NW 36TH AVENUE	
CITY-ST-ZIP	DEERFIELD BCH. FL		2.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	DOWNES, TRUDY		3.2 NAME	HUTCHINSON, WARNER	
STREET ADDRESS	535 NW 36 AVE		3.3 STREET ADDRESS	239 NW 36TH AVE	
CITY-ST-ZIP	DEERFIELD BCH. FL		3.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	GOLDSTEIN, BARBARA		4.2 NAME	TODD, MARK	
STREET ADDRESS	253 NW 36 AVE		4.3 STREET ADDRESS	361 NW 36TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL		4.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	REYBURN, PAUL		5.2 NAME	WISE, STEVE	
STREET ADDRESS	517 NW 360 AVE		5.3 STREET ADDRESS	449 NW 36TH AVE	
CITY-ST-ZIP	DEERFIELD BEACH FL		5.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
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 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/9/99 561-241-0285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #