

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00287**

1. Entity Name

DEER POINTE HOMEOWNERS' ASSOCIATION, INC.**FILED****Jan 29, 2001 8:00 am**
Secretary of State

01-29-2001 90193 023 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2512970

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**HAAG, DAVID
2801 N MILITARY TRAIL
BOCA RATON FL 33431**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCLUNG, KERWIN 385 N.W. 36TH AVENUE DEERFIELD BEACH FL 33442 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTH, ART 353 NW 36TH AVE DEERFIELD BCH. FL 33442 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRIOS, JOSE 469 NW 36TH AVE DEERFIELD BCH. FL 33442 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TODD, MARK 361 N.W. 36TH AVENUE DEERFIELD BEACH FL 33442 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KURCIEZ, PATRICIA 3675 NW 6TH ST DEERFIELD BEACH FL 33442 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

**D
HUTCHINSON, WARNER
239 NW 36TH AVE
DEERFIELD BEACH, FL 33442**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1/12/01
Date561-241-0285
Daytime Phone #

CR2E037 (10/00)