2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 23, 2006 8:00 am Secretary of State

DOCUMENT # N00287 1. Entity Name DEER POINTE HOMEOWNERS' ASSOCIATION, INC.					1		90020 013		25
Principal Place of Business Mailing Address 1000 HOLLAND DRIVE 1000 HOLLAND DRIVE 12 12					4002				
BOCA RATON	N, FL 33487 US	BOCA RATON, FL 3348	37 US			 			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02062006 _{CI}	hg-NP	CR2E037	7 (11/05)	
City & State		City & State			4. FEI Number 59-251297	' 0			plied For Applicable
Zíp	Country	Zip	Country		5. Certificate of St	tatus Desired		8.75 Add ee Required	
	6. Name and Address of Current	Registered Agent			7. Name and Add	iress of New	Registered A	gent	
TRIDENT	PROPERIES MANAGEMENT-		Na Na	ame					
1000 HOL SUITE 12	LAND DRIVE	· <u>-</u>	St	Street Address (P.O. Box Number is Not Acceptable)					
BOCA RA	TON, FL 33487		Ci	ity			FL	Zip Code	3
	e named entity submits this statement for	r the purpose of changing its	registered of	ffice or registe	ered agent, or both, in	the State of] amiliar with,	and accept
ine obligat	nons or registered agent.								
SIGNATURE	Signature, lyped or printed name of registered agent	and title if applicable. (NOTS	: Registered Age	nt signature requires	ed when reinstating}		DATE		
SIGNATURE	Filing Fee is \$61.25	and little if applicable. (NOTE 9. Election Car Trust Fund C	npaign Finan	-	st when reinstating) \$5.00 May Be Added to Fees	·FI	DATE Make check orida Departi		
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Car Trust Fund C	npaign Finan Contribution.	cing	\$5.00 May Be Added to Fees		Make check orida Departi	ment of St	ate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

CITY-ST-ZIP

SIGNATURE:

954-421-4344 Daytime Phone #