

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00287

FILED  
Jan 06, 2009  
Secretary of State

**Entity Name:** DEER POINTE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1000 HOLLAND DRIVE  
2  
BOCA RATON, FL 33487 US

**New Principal Place of Business:**

**Current Mailing Address:**

1000 HOLLAND DRIVE  
2  
BOCA RATON, FL 33487 US

**New Mailing Address:**

**FEI Number:** 59-2512970      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRIDENT PROPERTIES MANAGEMENT  
1000 HOLLAND DRIVE  
SUITE 12  
BOCA RATON, FL 33487 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: MANCINI, PATRICIA  
Address: 387 NW 36TH AVE  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: SD ( ) Delete  
Name: KAY, EMILY  
Address: 357 NW 36 AVE  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VP ( ) Delete  
Name: DUCHAK, PAM  
Address: 457 NW 36 AVE.  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: PD ( ) Delete  
Name: GUTEKUNST, BOB  
Address: 509 NW 36 AVE.  
City-St-Zip: DEERFIELD BEACH, FL 33442

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB GUTEKUNST

PD

01/06/2009

Electronic Signature of Signing Officer or Director

Date