

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90478 046 ****61.25

DOCUMENT # N01000003973

1. Entity Name
**DEER PARK - PHASE 2-C HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**8555 YEARLING LANE
NEW PORT RICHEY, FL 34653**

Mailing Address
**PO BOX 764
NEW PORT RICHEY, FL 34656-0764**

00017655



2. Principal Place of Business

3. Mailing Address

P.O. Box 764

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062006

Chg-NP

CR2E037 (11/05)

City & State

City & State

New Port Richey, FL 34653

4. FEI Number

59-3108989

Applied For

Not Applicable

Zip

Country

Zip

34656-0764

Country

Pasco

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GAMBOA, SUSAN
8555 YEARLING LANE
NEW PORT RICHEY, FL 34653**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Susan Gamboa

4-11-06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MATHEWS, STEVE**
STREET ADDRESS **8523 ROYAL HART DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34653**

TITLE **V** ☐ Delete
NAME **CUTHBERT, GEORGIA**
STREET ADDRESS **8529 ROYAL HART DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34653**

TITLE **S** ☐ Delete
NAME **GAMBOA, SUSAN**
STREET ADDRESS **8555 YEARLING LANE**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34653**

TITLE **T** ☐ Delete
NAME **STROUD, CYNTHIA**
STREET ADDRESS **8530 YEARLING LANE**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34653**

TITLE **D** ☐ Delete
NAME **STUBITS, VICTORIA**
STREET ADDRESS **8526 YEARLING LANE**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34653**

TITLE **D** ☐ Delete
NAME **STROUD, WALTER**
STREET ADDRESS **8530 YEARLING LANE**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34653**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☒ Change ☐ Addition
NAME **Holland, Michael**
STREET ADDRESS **8507 Royal Hart Drive**
CITY-ST-ZIP **New Port Richey, FL 34653**

TITLE ☒ Change ☐ Addition
NAME **Walkinshaw, Robert**
STREET ADDRESS **8511 Yearling Lane**
CITY-ST-ZIP **New Port Richey, FL 34653**

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

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.

SIGNATURE:

Steve Mathews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-11-06

Date

Daytime Phone #