2003 NOT-FOR-PROFIT CORPORATION

## FILED Apr 25, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State DOCUMENT # N0100003973 04-25-2003 90258 033 \*\*\*\*61.25 DEER PARK - PHASE 2-C HOMEOWNERS' ASSOCIATION, ! Principal Place of Business Mailing Address 8431 ROYAL HART DR. PO BOX 764 NEW PORT RICHEY FL 34653 NEW PORT RICHEY FL 34656-0764 2. Principal Place of Business 3. Mailing Address 8554 Yearling Lane P.O. Box 764 Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-3108989 Applied For New Port Richev, FL New Port Not Applicable Richev. Country Zip Country -\$8.75 Additional 5. Certificate of Status Desired 34653 USA 34656-0764 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Wallace, Tina M. Street Address (P.O. Box Number is Not Acceptable) 8554 Yearling Lane BALLARD, JAMES E 8431 ROYAL HART DR. **NEW PORT RICHEY FL 34653** Zip Code 34653 New Port Richey 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. orinted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PT **⊠** Delete Addition ☐ Change TIT! F TITLE BALLARD, JAMES E Katzenstein, Richard NAME NAME STREET ADORESS 8431 ROYAL HART DRIVE STREET ADDRESS 8438 Picnic Court CITY-ST-ZIP CITY-ST-7IP **NEW PORT RICHEY FL** New Port Richey, FL 34653 Addition TITLE Delete TITLE Change BALLARD, JILL D NAME NAME Hudson, Donald STREET ADDRESS 8431 ROYAL HART DRIVE STREET ADDRESS 8527 Yearling Lane CITY-ST-ZIP **NEW PORT RICHEY FL** CITY-ST-ZIP New Port Richey, FL VΡ TITLE Delete Change CLYMER, ANGIE NAME NAME Wallace, Tina 8430 ROYAL HART DRIVE STREET ADDRESS STREET ADDRESS 8554 Yearling Lane CITY-ST-ZIP CITY-ST-ZIP NEW PORT RICHEY FL New Port Richey, FL X Addition TITLE Delete TITLE Change MACEDA, JOSEPH Stroud, Cynthia NAME NAME 8530 Yearling Lane 5227 SPIKE HORN DRIVE STREET ADDRESS STREET ADDRESS New Port Richey, FL CITY-ST-ZIP **NEW PORT RICHEY FL** CITY-ST-ZIP Dagah TITLE Delete TITLE Change **X** Addition REMAIL, DIANE NAME NAME Cuthbert, Georgia 8529 Royal Hart Drive STREET ADDRESS 8518 YEARLING LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW PORT RICHEY VL New Port Richey, FL 34653

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 directly 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 Biochapter with the predictors with the predictors with the same described by the size 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 Biochapter with the same described by the size of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Biochapter with the same legal effect as if made under outh; that I am an officer or directly of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Biochapter with the same legal effect as if made under outh; that I am an officer or directly of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Biochapter with the same legal effect as if made under outh as the same legal effect as if made under outh as the same legal effect as if made under outh as the same legal effect as if made under outh as the same legal effect as if made under outh as the same legal effect as if made under outh as the same legal effect as if made under outh as the same legal effect as if made under outh as the same legal effect as if made under outh as the same legal effect as if made under outh as the same legal effect as if made under ou changed, or on an attachment with an address, with all other like empowered

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NAME

STREET ADDRESS

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SIGNATURE:

TITLE

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STREET ADDRESS

CITY-ST-ZIP

☐ Delete

4/21/03 727.375-1152

Katzenstein, Patrice

8438 Picnic Court

☐ Change

Addition

# NO 100000 3973

## **2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DEER PARK PHASE 2-C HOMEOWNERS' ASSOCIATION, I

(CONTINUED)

PAGE 2

Stubits, Victoria 8526 Yearling Lane New Port Richey, FL 34653

Gamboa, Susan 8555 Yearling Lane New Port Richey, FL 34653

Addition

Addition

attachment

## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

# NO1000003973

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DOCUMENT # N42347  1. Entity Name DEER PARK IIC HOMEOWNERS' ASSOCIATION, INC.					SEE NO1000003973				
Principal Plac	e of Business	Mailing Address		4					
P O BOX 764 P O BOX 764				10	·				
NEW PORT RICHEY FL 34656 NEW PORT RICHEY FL 34656			34656						
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<b>9</b>	No. of Business	2 Mailing Address	/						
z. Principal P	Place of Business	3. Mailing Address				i ilogo ilili dibil lobi dibil di	DH BINIS NINSI NENI	i Minii Leet	
Suite, Apt. #, etc. Suite, Apt. #, etc.					┥ ┌	CHECK HERE IF MAKING CHANGES			
					O RESK HERE II WARRING STRANGES				
City & State		Sity & State	Sity & State			4. FEI Number <b>59-3118989</b> Applied For			
					Not Applicable				
Zip	Country	Zip	Co	untry	5. Certificate of Sta	tus Desired	\$8.75 Add	itional	
							Fee Required	)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
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					ddress (P.O. Box Number is Not Acceptable)				
	YAL HART DRIVE			.,	<u></u>		<del> </del>		
NEW PU	RT RICHEY FL 34653		_ /						
i,			`	City		FI	Zip Code	•	
? The above	named entity submits this statement fo	r the purpose of changing	ite regieter	ed office or regis	tered agent or both in th	ne State of Florida Larr	familiar with	and accept	
the obligates	tions of registered agent.								
SIGNATORE .	Signature, typed or printed name of registered agent	and title if applicable. (f	NOTE: Registere	ed Agent signature Aqu	ired when reinstating)	DATE			
	Ć								
FILE NOW: FEE IS \$61.25				Financing _	\$5.00 May Be	Make Ched	k Payable	to	
Trust Fund Co				tion.	Added to Fees	Florida Depa	rtment of S	itate	
	<u> </u>					<b></b>			
10.	OFFICERS AND DI	RECTORS	11.	\	ADDITIONS/CHANGE	S TO OFFICERS AND D			
TITLE	P	☐ Delete	TITE				Change	Addition	
NAME	BALLARD, JAMES		NAN						
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CITY-ST-ZIP	NEW PORT RICHEY FL 34653						,		
TITLE	VP	☐ Delete	TITE	li li			Change	Addition	
NAME	KATZENSTEIN, RICK			ME .					
STREET ADDRESS CITY-ST-ZIP	8438 PICNIC COURT			EET ADDRESS /-ST-ZIP				I	
	NEW PORT RICHEY FL 34653	<del></del>			<del>\</del>		Channa	☐ Addition	
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NAME	MACEDA, JOE		NAN	EET ADDRESS		والمحتوية مالالاسم			
STREET ADDRESS CITY-ST-ZIP	5227 SPIKE HORN DRIVE			Y-ST-ZIP					
	NEW PORT RICHEY FL 34653			<u> </u>	·····		☐ Change	☐ Addition	
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CITY-ST-ZIP				/-ST-ZIP					
	NEW PORT RICHEY FL 34653	☐ Delete	TITL			$\overline{}$	☐ Change	☐ Addition	
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CITY-ST-ZIP	NEW PORT RICHEY FL 34653	\		Y-ST-ZIP		\			
	D	☐ Delete	TITL				☐ Change	Addition	
TITLE NAME	REMAIL, DIANE	☐ Delen	NAA			\			
STREET ADDRESS	8518 YEARLING LANE	\		EET ADDRESS					
CITY-ST-ZIP	NEW PORT RICHEY FL 34653		\	r-ST-ZIP			1		
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SIGNATURE:

SIGNATURE REQUIRED