

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01213

FILED  
Mar 02, 2011  
Secretary of State

**Entity Name:** DEERFIELD HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

15471 ATWATER DR  
BROOKSVILLE, FL 34604 US

**New Principal Place of Business:**

C/O QUALIFIED PROPERTY MGMT INC  
5901 US HWY 19, SUITE 7Q  
NEW PORT RICHEY, FL 34652 US

**Current Mailing Address:**

5901 US 19 HWY  
SUITE 7Q  
NEW PORT RICHEY, FL 34652 US

**New Mailing Address:**

C/O QUALIFIED PROPERTY MGMT INC  
5901 US HWY 19, SUITE 7Q  
NEW PORT RICHEY, FL 34652 US

**FEI Number:** 59-3234257

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

QUALIFIED PROPERTY MANAGEMENT, INC.  
5901 US 19 HWY  
SUITE 7Q  
NEW PORT RICHEY, FL 34652 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: STD  
Name: SANTELLA, ROBERT  
Address: 15407 CAMBRIA DR  
City-St-Zip: BROOKSVILLE, FL 34604

Title: PD  
Name: DUBBER, ROBERT  
Address: 15492 SARATOGA DR.  
City-St-Zip: BROOKSVILLE, FL 34604

Title: D  
Name: DESLAURIERS, RAMONA  
Address: 15417 SONORA DR.  
City-St-Zip: BROOKSVILLE, FL 34604

Title: D  
Name: KING, RONALD  
Address: 3795 FANTASY WAY  
City-St-Zip: BROOKSVILLE, FL 34604

Title: D  
Name: REVANTAS, CAROL  
Address: 3795 FANTASY WAY  
City-St-Zip: BROOKSVILLE, FL 34604

Title: VP  
Name: HUDSON, BOB  
Address: 15502 ATWATER DRIVE  
City-St-Zip: BROOKSVILLE, FL 34604

I hereby 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 all other like empowered.

SIGNATURE: BOB DUBBER

PD

03/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date