

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01800

1. Entity Name

DEERHAVEN ASSOCIATION, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90013 026 ****61.25

Principal Place of Business

47400 NORTHWEST AVE
PAISLEY FL 32767
US

Mailing Address

29443 CENTRAL BLVD
PAISLEY FL 32767-9479
US

2. Principal Place of Business

3. Mailing Address

29445 Central Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Paisley, FL

Zip

Country

Zip

Country
U.S.

4. FEI Number

23-7282653

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALKER, RICHARD W
29443 CENTRAL BLVD
PAISLEY FL 32767

7. Name and Address of New Registered Agent

Name

Kerri Spurling

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

29445 Central Blvd

City

Paisley

FL

Zip Code

32767

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.

SIGNATURE

Kerri Spurling, Sec. Treas.

1/28/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LANCASTER, ARNOLD W	
STREET ADDRESS	29504 CENTRAL BLVD.	
CITY-ST-ZIP	PAISLEY FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SWINDLE, ERNEST	
STREET ADDRESS	29710 EAST COURT	
CITY-ST-ZIP	PAISLEY FL	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	WALKER, RICHARD W	
STREET ADDRESS	29443 CENTRAL BLVD	
CITY-ST-ZIP	PAISLEY FL 32767	
TITLE	DST	<input type="checkbox"/> Delete
NAME	BLESSING, TERRIE	
STREET ADDRESS	47027 NORTHWEST AVE.	
CITY-ST-ZIP	PAISLEY FL 32767	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEARMAS, RAYMOND	
STREET ADDRESS	47407 NORTHWEST AVE.	
CITY-ST-ZIP	PAISLEY FL 32767	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, TOMMY	
STREET ADDRESS	29440 CENTRAL BLVD	
CITY-ST-ZIP	PAISLEY FL 32767	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Theron R. Bronson	
STREET ADDRESS	29720 North Blvd	
CITY-ST-ZIP	Paisley, FL 32767	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda Harris	
STREET ADDRESS	29610 North Blvd	
CITY-ST-ZIP	Paisley, FL 32767	
TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kerri Spurling	
STREET ADDRESS	29445 Central Blvd	
CITY-ST-ZIP	Paisley, FL 32767	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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:

1/28/00

1/28/00

(352) 669-0249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)