

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED

May 03, 2001 8:00 am
Secretary of State

04-11-2001 90113 021 ****61.25

DOCUMENT # N01800

1. Entity Name

DEERHAVEN ASSOCIATION, INC.

Principal Place of Business

47400 NORTHWEST AVE
PAISLEY FL 32767
US

Mailing Address

29445 CENTRAL BLVD
PAISLEY FL 32767-750
US

2. Principal Place of Business

3. Mailing Address

29313 South Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1

City & State

City & State

Paisley FL

4. FEI Number

23-7282653

Applied For

Not Applicable

Zip

Country

Zip

32767

Country

Lake

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPARLING, KERRI
29445 CENTRAL BLVD
PAISLEY FL 32767

7. Name and Address of New Registered Agent

Name

Ann Sadler

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

29313 South 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

Ann Sadler

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-01

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	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	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Sec./Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ann Sadler	
STREET ADDRESS	29313 South Blvd.	
CITY-ST-ZIP	Paisley FL 32767	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frederick Rossie	
STREET ADDRESS		
CITY-ST-ZIP	Paisley FL 32767	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ernest Swinelle	
STREET ADDRESS		
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: *Ann Sadler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-01 352-711-0187

Date

Daytime Phone #

CR2E037 (10/00)