

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90008 043 ****61.25

DOCUMENT # N02000004067

1. Entity Name
DEER PARK HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
16105 N. FLORIDA
SUITE #A
LUTZ, FL 33549

Mailing Address
16105 N. FLORIDA
SUITE #A
TAMPA, FL 33549

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02162007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-3718793

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEZER, STEVEN H ESQUIRE
220 S. FRANKLIN STREET
TAMPA, FL 33602

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TVD ☐ Delete
NAME THOMAS, YVETTE
STREET ADDRESS 16105 N. FLORIDA #A
CITY-ST-ZIP LUTZ, FL 33549

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

TITLE PD ☒ Delete
NAME GRAHAM, HOPE
STREET ADDRESS 16105 N. FLORIDA #A
CITY-ST-ZIP LUTZ, FL 33549

TITLE ☐ Change ☒ Addition
NAME Peter MAASS
STREET ADDRESS 16105 N. FLORIDA #A
CITY-ST-ZIP LUTZ FL 33549

TITLE D ☒ Delete
NAME MAASS, PETER
STREET ADDRESS 16105 N. FLORIDA #A
CITY-ST-ZIP LUTZ, FL 33549

TITLE ☐ Change ☒ Addition
NAME 21-June Ming
STREET ADDRESS 16105 N. FLORIDA #A
CITY-ST-ZIP LUTZ FL 33549

TITLE D ☒ Delete
NAME HAUBENSTOCK, KAREN
STREET ADDRESS 16105 N. FLORIDA #A
CITY-ST-ZIP LUTZ, FL 33549

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

TITLE SD ☒ Delete
NAME BUGGS, DIEDRE
STREET ADDRESS 16105 N. FLORIDA #A
CITY-ST-ZIP LUTZ, FL 33549

TITLE ☐ Change ☒ Addition
NAME Louise Edenfield
STREET ADDRESS 16105 N. FLORIDA #A
CITY-ST-ZIP LUTZ FL 33549

TITLE D ☒ Delete
NAME MING, LIJUNE
STREET ADDRESS 16105 N. FLORIDA #A
CITY-ST-ZIP LUTZ, FL 33549

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:

Peter Maass **PETER MAASS**

3/19/07

Date

813-866-8435

Daytime Phone #