

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91739 001 ***367.50

DOCUMENT # N10587

1. Entity Name

DEERWOOD IV CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

3511 S PENINSULA DR
 DAYTONA BCH FL 32127
 US

Mailing Address

3511 S PENINSULA DR
 DAYTONA BCH FL 32127
 US

73153



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

50 S YOUNG ST
 Suite, Apt. #, etc.
 #1

3. Mailing Address

50 S YOUNG ST
 Suite, Apt. #, etc.
 #1

City & State

ORMOND BEACH FL

City & State

ORMOND BEACH FL

4. FEI Number

59-2688840

Applied For

Not Applicable

Zip

32174

Country

VOLUSIA

Zip

32174

Country

VOLUSIA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SOLOMON, STANLEY
 SOUTHEAST MANAGEMENT SERVICES, INC
 3511 S PENINSULA DRIVE
 DAYTONA BEACH FL 32127

7. Name and Address of New Registered Agent

Name

FREDERICK J PAGE

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

50 S YOUNG ST #1

City

ORMOND BEACH

FL

Zip Code

32174

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

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	D	Delete
NAME	WILLIAMS, BOB	
STREET ADDRESS	128 WHITE FAWN DR.	
CITY-ST-ZIP	DAYTONA BCH. FL 32114	
TITLE	D	Delete
NAME	BECKMAN, JAMES	
STREET ADDRESS	755 SANDY HILL CIR	
CITY-ST-ZIP	PT ORANGE FL 32127	
TITLE	ST	Delete
NAME	WRIGHT, NORMAN	
STREET ADDRESS	140 WHITE FAWN DR	
CITY-ST-ZIP	DAYTONA BCH. FL 32114	
TITLE	DP	Delete
NAME	WEINHOFER, MARY JANE	
STREET ADDRESS	162 WHITE FAWN DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CAROLYN MEADS PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	160 WHITE FAWN	
STREET ADDRESS	DAYTONA BEACH, FL 32114	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01 (386) 255-5373

CR2E037 (10/00)