

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-18-2001 91739 001 ***367.50

DOCUMENT # N10588

1. Entity Name

DEERWOOD III 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**

2. Principal Place of Business

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

3. Mailing Address

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



DO NOT WRITE IN THIS SPACE

City & State
ORMOND BEACH FL

City & State
ORMOND BEACH FL

4. FEI Number
59-2688838

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
FREDRICK 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 NAME STREET ADDRESS CITY-ST-ZIP	D BOWE, MARSHA J 151 WHITE FAWN DRIVE DAYTONA BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANLEY, MARK 167 WHITE FAWN DR. DAYTONA BEACH FL 32114	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANLEY, MARK 167 WHITE FAWN DRIVE DAYTONA BEACH FL 32114	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILLER, JASON 157 WHITE FAWN DRIVE DAYTONA BEACH FL 32114	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Philip Pichie 167 WHITE FAWN DAYTONA BEACH, FL 32114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JENNIFER MILLER 157 WHITE FAWN DAYTONA BEACH, FL 32114	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

Date

Daytime Phone #

CR2E037 (10/00)