


FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N12796 (1)

1. Corporation Name
THE DEAUVILLE GARDENS, INC.



Principal Place of Business 3212 SOUTHEAST 8TH STREET POMPANO BEACH FL 33062	Mailing Address 3212 SOUTHEAST 8TH STREET POMPANO BEACH FL 33062
--	--

3. Date Incorporated or Qualified 12/30/1985	
4. FEI Number 59-1090130	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? CONDO <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**MILLER, ROBERT
3212 SE 18 ST
APT A-4
POMPANO BEACH FL 33062**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	YONKE, WILLIAM
STREET ADDRESS	3212 SE 8TH ST., APT A7
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	DP <input type="checkbox"/> DELETE
NAME	MCCUEN, JOEL
STREET ADDRESS	5456 DUBLIN
CITY-ST-ZIP	DUBLIN OH
TITLE	S <input type="checkbox"/> DELETE
NAME	BAUER, RUTH
STREET ADDRESS	3212 SE 8 ST
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PORTO, ANDREW
STREET ADDRESS	2542 HUNTER DR.
CITY-ST-ZIP	ARLINGTON HGTS. IL
TITLE	D <input type="checkbox"/> DELETE
NAME	MCCUEN, JOANN
STREET ADDRESS	3212 SE 8 ST
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PATERNOSTER, GILDA
STREET ADDRESS	3212 SE 8 STR, APT B22
CITY-ST-ZIP	POMPANO BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V.P. <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME ROBERT MILLER
1.3 STREET ADDRESS 3212 SE 8 ST
1.4 CITY-ST-ZIP POMPANO BEACH, FL. 33062
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert Miller* 5/1/98 954-786-0580

CPRE037 (10/97)