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**May 15, 1999 8:00 am**  
**Secretary of State**

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0026124

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N12796

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/30/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1090130	Applied For
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MILLER, ROBERT 3212 SE 18 ST APT A-4 POMPANO BEACH FL 33062				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YONKE, WILLIAM	1.2 NAME	ROSETTE YOUNG
STREET ADDRESS	3212 SE 8TH ST., APT A7	1.3 STREET ADDRESS	3212 SE 8 ST
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	POMPANO BEACH, FL. 33062
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCUEN, JOEL	2.2 NAME	
STREET ADDRESS	5456 DUBLIN	2.3 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN OH	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUER, RUTH	3.2 NAME	
STREET ADDRESS	3212 SE 8 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTO, ANDREW	4.2 NAME	
STREET ADDRESS	2542 HUNTER DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON HGTS. IL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCUEN, JOANN	5.2 NAME	ALBERT LASH
STREET ADDRESS	3212 SE 8 ST	5.3 STREET ADDRESS	7683 OLD FOX CT.
CITY-ST-ZIP	POMPANO BEACH FL	5.4 CITY-ST-ZIP	COLUMBUS, OHIO 43235
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATERNOSTER, GILDA	6.2 NAME	MOIRA HANNIGAN
STREET ADDRESS	3212 SE 8 STR, APT B22	6.3 STREET ADDRESS	44 BLISS HINE RD
CITY-ST-ZIP	POMPANO BCH FL	6.4 CITY-ST-ZIP	NEWPORT R.I. 02842

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 5/1/99 954-786-0580  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)