

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90293 003 ***367.50

DOCUMENT # N16043

1. Corporation Name

DEERWOOD V 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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/25/1986

4. FEI Number

59-2688845

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD**
RUHLEN, MARGARET
STREET ADDRESS **105 WHITE FAWN DR**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE ☐ DELETE

NAME **STD**
HOUSEKNECHT, DAWN
STREET ADDRESS **115 WHITE FAWN DR**
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE ☒ DELETE

NAME **VD**
SANZENBACHER, RICHARD
STREET ADDRESS **103 WHITE FAWN DR**
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE ☐ DELETE

NAME **PD**
Faulds, Bonnie
STREET ADDRESS **103 White Fawn Drive**
CITY-ST-ZIP **Daytona Beach, FL 32114**

TITLE ☐ DELETE

NAME **PD**
Faulds, Bonnie
STREET ADDRESS **103 White Fawn Drive**
CITY-ST-ZIP **Daytona Beach, FL 32114**

TITLE ☐ DELETE

NAME **PD**
Faulds, Bonnie
STREET ADDRESS **103 White Fawn Drive**
CITY-ST-ZIP **Daytona Beach, FL 32114**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)