

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

05-18-2001 91739 001 \*\*\*367.50

**DOCUMENT # N16043**

1. Entity 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

50 S YOUNG ST

3. Mailing Address

50 S YOUNG ST

Suite, Apt. #, etc.

#1

Suite, Apt. #, etc.

#1

City & State

ORMOND BEACH FL

City & State

ORMOND BEACH

Zip

32174

Country

USA

Zip

32174

Country

USA

4. FEI Number

59-2688845

Applied For

Not Applicable

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 SOUTH 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 **D** ☒ Delete  
 NAME **RUHLEN, MARGARET**  
 STREET ADDRESS **105 WHITE FAWN DR**  
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

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

TITLE **PD** ☒ Delete  
 NAME **FAULDS, BONNIE**  
 STREET ADDRESS **103 WHITE FAWN DR**  
 CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 **PD** ☐ Change ☐ Addition  
 NAME **Dawn Ruhlen**  
 STREET ADDRESS **105 WHITE FAWN**  
 CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME **QUATTROCCI, BODDIE**  
 STREET ADDRESS **103 WHITE FAWN DR**  
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**BONNIE FAULDS**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

**4/26/01** **255-8114**

CR2E037 (10/00)