

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90045 023 ****70.00

DOCUMENT # N30179

1. Entity Name

DEERWOOD ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**C/O HARBOR MANAGEMENT SRV., INC.
P.O. BOX 924176
HOMESTEAD FL 33092-4176**

**C/O HARBOR MANAGEMENT SRV., INC.
P.O. BOX 924176
HOMESTEAD FL 33092-4176**

2. Principal Place of Business

15600 SW 288 Street

3. Mailing Address

Suite, Apt. #, etc.
Suite 406

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

4. FEI Number

65-0111614

Applied For

Not Applicable

Zip
33033

Country
USA

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUENTHER, JOYCE ESQ.
10723 S.W. 104 ST.
MIAMI FL 33176**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD LAFUENTE, JOVINO	☒ Delete
STREET ADDRESS	12883 SW 150 TERRACE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE NAME	VD ROMAN, SANDRA	☒ Delete
STREET ADDRESS	15121 SW 128 AVE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE NAME	STD AGUILAR, OLGA	☒ Delete
STREET ADDRESS	15099 SW 129 PLACE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE NAME	D MCMANUS, ANDREW	☐ Delete
STREET ADDRESS	13073 SW 150 TERRACE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE NAME	D HORNE, TOM	☒ Delete
STREET ADDRESS	12903 SW 150 TERRACE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE NAME		☐ Delete

TITLE NAME	PD Roman, Sandra	☒ Change ☐ Addition
STREET ADDRESS	15121 SW 128 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE NAME	ST Aguilar, Olga	☒ Change ☐ Addition
STREET ADDRESS	15099 SW 129 PLACE	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D Navarrete, Mauricio	☐ Change ☒ Addition
STREET ADDRESS	12863 SW 150 Terrace	
CITY-ST-ZIP	MIAMI, FL 33186	

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:

Sandra Roman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/02
Date

(305) 591-8816
Daytime Phone #

CR2E037 (9/01)