

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90007 017 ****61.25

DOCUMENT # N30179

1. Entity Name
DEERWOOD ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**13388 SW 128 ST
MIAMI, FL 33186**

Mailing Address
**C/O LAKEVIEW MGMT, INC
13388 SW 128 ST
MIAMI, FL 33186**

40008660



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

65-0111614

Applied For

Not Applicable

Zip

Country

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

**BUNETTA, SUE
13388 SW 128 ST
MIAMI, FL 33186**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **HALL, VINCENT**
STREET ADDRESS **13076 SW 150 TERR**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Change ☒ Addition
NAME **President/Director**
STREET ADDRESS **Sotolongo III, Eladio**
CITY-ST-ZIP **12915 SW 150 Terrace**
Miami, Florida 33186

TITLE **VD** ☐ Delete
NAME **AYALA, FELICIDAD**
STREET ADDRESS **13036 SW 151 LANE**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Change ☒ Addition
NAME **Treasurer/Director**
STREET ADDRESS **Medina, Gloria**
CITY-ST-ZIP **12983 SW 150 Terrace**
Miami, Florida 33186

TITLE **TD** ☒ Delete
NAME **MONTOYA, OLGA**
STREET ADDRESS **13065 SW 150 TERR**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Hall, Vincent**
CITY-ST-ZIP **13076 SW 150 Terrace**
Miami, Florida 33186

TITLE **SD** ☐ Delete
NAME **BERTELETTI, ANITA**
STREET ADDRESS **12965 SW 150 TERR**
CITY-ST-ZIP **MIAMI, FL 33186**

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

TITLE **D** ☐ Delete
NAME **GOMEZ-BARCO, LUZ**
STREET ADDRESS **12923 SW 150 TERRACE**
CITY-ST-ZIP **MIAMI, FL 33186**

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

TITLE **D** ☒ Delete
NAME **SOTOLONGO, ELADIO**
STREET ADDRESS **12915 SW 150 TERRACE**
CITY-ST-ZIP **MIAMI, FL 33186**

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 exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gloria Medina
GLORIA Medina

305-585-6327