

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999 DOCÚMENT # N32851

1. Corporation Name

DEEM'S RANCHES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4720 S.W. 170TH AVENUE FT LAUDERDALE FL 33331 4720 S.W. 170TH AVENUE FT LAUDERDALE FL 33331

## FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90080 044 \*\*\*\*61.25

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2. Principal Place of Business		2a. Mailing Address				3. Date Incorporated or Qualifed			
21	·	26				06/15/1989			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number			olied For	
22					<b>65-</b> 0129330		يىلىيىسىلىپ	Applicable	
City & State	8	City & State		5. Certifcate of Status Desire	od 🗀 -	\$8.75 A			
Zip	Country	Zip			6. Election Campaign Finance	ing	\$5.00	May Be	
24 25		29 30		Trust Fund Contribution	L	Added to	Fees		
	9. Name and Address of Current				10. Name and Address of N	ew Registered	Agent		
			81	Nam					
VEHICO I	DOLLY		00	01	Address (D.O. Barry Niverbox in Not An	nentable)			
KEHLER, I			82 Street Add		et Address (P.O. Box Number is Not Acc	ceptable)			
	. 170TH AVENUE		83			· · · · · · · · · · · · · · · · · · ·			
FT LAUDE	DALE FL FL 33331-8207					<u> </u>			
			84	,		FL	85 Zip C		
office or a	to the provisions of Sections 617.0502 egistered agent, or both, in the State or m familiar with, and accept the obligate	of Florida. Such change was autr	nonzea by	the cor	ed corporation submits this statement for rporation's board of directors. I hereby a	the purpose of accept the appoin	changing its ntment as reg	registered jistered	
SIGNATURE	· · · · · · · · · · · · · · · · · · ·	<u> </u>				DATE			
	Signature, typed or printed name of registered agent	· · · · · · · · · · · · · · · · · · ·	egistered Ager	nt signatur	re required when reinstating)  ADDITIONS/CHANGES TO		D DIRECTO	RS IN 12	
12.	OFFICERS ANI	D DIRECTORS DELETE			ABB/HOMO/O/J/MAGEO TO		Change	☐ Addition	
TITLE	PD	C DELETE	1.1 TITLE						
NAME	KEHLER, ROLLY	•	1.2 NAME						
STREET ADDRESS	4720 S.W. 170TH AVENUE		1.3 STREET	TADDRES	· ·				
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-S	T-ZIP		· · ·			
TITLE	SPTD	☐ DELETE	2.1 TITLE				☐ Change	Addition	
NAME	KEHLER, BETSY		2.2 NAME				•	1	
STREET ADDRESS	4720 S.W. 170TH AVE.		2.3 STREET	TADORES	ss			Ì	
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-5	ST-ZIP					
TITLE	SD	DELETE	3.1 TITLE				Change	Addition	
NAME	KEHLER, BETSY		3.2 NAME			•			
STREET ADDRESS	4720 S W 170TH AVE.		3.3 STREE	TADDRES	ss			ľ	
CITY-ST-ZIP	FT LAUDERDALE FL		3.4. CITY-5	ST-ZIP			•		
TITLE	V	☐ DELETE	4.1 TITLE				☐ Change	Addition	
NAME	LAWSON, DAN		4. 2 NAME			<b>S</b>		i	
STREET ADDRESS	17080 S.W. 48TH ST.		4.3 STREE	TADDRES	ss ·			j	
CITY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY-S			•			
TITLE	11: CAODENDALE 11	☐ DELETE	5.1 TITLE				☐ Change	Addition	
NAME			5.2 NAME						
			5.3 STREE	TADDRES	ss				
STREET ADDRESS			5.4 CITY-S		1				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			· ,	☐ Change	Addition	
TITLE			6.2 NAME					·	
NAMÉ			6.3 STREE	T ADDRES	25			ļ	
STREET ADDRESS			64 CITY-S		-1				

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 AND EMPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-434-17.46

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