

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32851

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Southwest Ranches, FL

Southwest Ranches, FL

Zip 33331-1237

Country U.S.A.

Zip 33331-1237

Country U.S.A.

4. FEI Number

65-0129330

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

KEHLER, ROLLY
4720 S.W. 170TH AVENUE
FORT LAUDERDALE FL 33331-1237

Southwest Ranches

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	PD	<input type="checkbox"/> Delete
NAME	KEHLER, ROLLY	
STREET ADDRESS	4720 S.W. 170TH AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL Southwest Ranches, FL	
TITLE	SPTD	<input type="checkbox"/> Delete
NAME	KEHLER, BETSY	
STREET ADDRESS	4720 S.W. 170TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL Southwest Ranches, FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KEHLER, BETSY	
STREET ADDRESS	4720 S W 170TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL Southwest Ranches, FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	LAWSON, DAN	
STREET ADDRESS	17080 S.W. 48TH ST.	
CITY-ST-ZIP	FT LAUDERDALE FL Southwest Ranches, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

4/30/02 954-434-1746

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90695 047 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)