

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90231 033 \*\*\*\*70.00

**DOCUMENT # N32851**

1. Entity Name

DEEM'S RANCHES HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

4720 S.W. 170TH AVENUE  
SOUTHWEST RANCHES FL 33331-1237

Mailing Address

4720 S.W. 170TH AVENUE  
SOUTHWEST RANCHES FL 33331-1237

14021618



MOORE

CR2E037 (11/03)

2. Principal Place of Business

5001 S.W. 170th Avenue

3. Mailing Address

5001 S.W. 170th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Southwest Ranches, FL

City & State

Southwest Ranches, FL

Zip

33331

Country

Broward

Zip

33331

Country

Broward

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

KEHLER, ROLLY  
4720 S.W. 170TH AVENUE  
SOUTHWEST RANCHES FL 33331-1237

7. Name and Address of New Registered Agent

Name

Lawson, Dan

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

17080 S.W. 48th Street

City

Southwest Ranches FL

Zip Code

33331

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KEHLER, ROLLY	
STREET ADDRESS	4720 S.W. 170TH AVENUE	
CITY-ST-ZIP	SOUTHWEST RANCHES FL	

TITLE	SPTD	<input checked="" type="checkbox"/> Delete
NAME	KEHLER, BETSY	
STREET ADDRESS	4720 S.W. 170TH AVE.	
CITY-ST-ZIP	SOUTHWEST RANCHES FL	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KEHLER, BETSY	
STREET ADDRESS	4720 S W 170TH AVE.	
CITY-ST-ZIP	SOUTHWEST RANCHES FL	

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LAWSON, DAN	
STREET ADDRESS	17080 S.W. 48TH ST.	
CITY-ST-ZIP	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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lawson, Dan	
STREET ADDRESS	17080 S.W. 48th Street	
CITY-ST-ZIP	Southwest Ranches, FL 33331	

TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Childers, Judy	
STREET ADDRESS	5001 S.W. 170th Avenue	
CITY-ST-ZIP	Southwest Ranches, FL 33331	

TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Childers, Judy	
STREET ADDRESS	5001 S.W. 170th Avenue	
CITY-ST-ZIP	Southwest Ranches, FL 33331	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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:** *Dan Lawson* 4/28/04 (959) 434-359

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #