2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32851

1. Entity Name

DEEM'S RANCHES HOMEOWNER'S ASSOCIATION, INC.

33331-12	37	

FILED Jul 11, 2003 8:00 am Secretary of State 07-11-2003 90056 010 ****61.25

Not Applicated Status Desired Status Desired Agent Desired Desired Agent Desired Desired Desired Agent Desired Desire				V CONTENT					
Suite, Apl. #, etc. Guerre	4720 S.W. 170TH AVENUE 4720		4720 S.W. 170TH AVENUE	O S.W. 170TH AVENUE		EINEN ININI MINI (LAN RENII FIN	III 41811 83811 818	le T loce l eti	
City & State Country Country Country Country S. Certificate of Status Desired SB.75 Additional Fee Required Required FILE ROLLY 4720 S.W. 170TH AVENUE SOUTHWEST RANCHES FL 33331-1237 City FL Zip Code 8. The above named critity submits this statement for the purpose of changing its registered office or registered agent. or both, in the State of Forida. I am familiar with, and accidence of registered agent. Signature Signature Signature Signature FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25 P. Election Companying Financing Trust Fund Contribution. Delete Inte SPT NAME KEHLER, ROLLY SIRET ADDRESS SUITHWEST RANCHES FL TITE SD United The SPT SIRET ADDRESS SIRET	Principal Place of Business Address Address		3. Mailing Address						
Zip Country	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
Size Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required Fee Requi	City & Stat	State City & State			4. FEI Number 65-0129330			Applied For Not Applicable	
Name Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable in the Islanding in the Islanding is Address (P.O. Box Number is Not Acceptable in the Islanding is Address (P.O. Box Number is Not Acceptable in the Islanding is Address (P.O. Box Number is Not Acceptable in the Islanding is Address (P.O. Box Number is Not Acceptable in the Islanding is Address (P.O. Box Number is Not Acceptable in th	Zip	Country	Zip	Country	5. Certificate of Stat	5 Certificate of Status Desired \$8.75 Additional			
KEHLER, ROLLY 4720 S.W. 170TH AVENUE SOUTHWEST RANCHES FL 33331-1237 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 according to the obligations of registered agent and site of agent. NOTE Registered Agent signature required when reindating. FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25 PILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25 PILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25 PILE NOW: FEE IS \$61.25 After Reptaber 10, 2003, min will be \$236.25 PILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25 PILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25 PILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25 PILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25 PILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25 PILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25 PILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25 PILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25 PILE NOW: FEE IS \$61.25 After Additional to the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of Florida. I am familiar with, and accordi		6. Name and Address of Current	Registered Agent		7. Name and Addre	ss of New Registered	Agent		
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 accident the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable.			• • • • • • • • • • • • • • • • • • • •		ess (P.O. Box Number is No	t Acceptable)	e ka - et eur		
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) PILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25 9. Election Campaign Financing Trust Fund Contribution.	}`•			City		FL	Zip Cod	e	
After September 10, 2003, min will be \$236.25 Trust Fund Contribution. Added to Fees Florida Department of State Added to Fees Florida Department of Added to Fees Florida Text of Added to Fees Florida Department of	the obligat	tions of registered agent.				-, <u>-,</u>	familiar with,	and accept	
TITLE PD Delete TITLE NAME NAME KEHLER, ROLLY STREET ADDRESS CITY-ST-ZIP SOUTHWEST RANCHES FL TITLE SPTD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE SD Delete TITLE NAME NAME KEHLER, BETSY SOUTHWEST RANCHES FL TITLE SD Delete TITLE NAME NAME KEHLER, BETSY STREET ADDRESS CITY-ST-ZIP TITLE SD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE SD DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP SOUTHWEST RANCHES FL TITLE NAME KEHLER, BETSY STREET ADDRESS CITY-ST-ZIP TITLE V Delete TITLE NAME LAWSON, DAN Change Addi	l	•			\$5.00 May Be Added to Fees	Make Chec Florida Depar	k Payable tment of §	to – State	
NAME STREET ADDRESS CITY-ST-ZIP SOUTHWEST RANCHES FL	10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DI	RECTORS IN	10	
TITLE	NAME STREET ADDRESS	KEHLER, ROLLY 4720 S.W. 170TH AVENUE	☐ Delete	NAME STREET ADDRESS			☐ Change	Addition	
TITLE SD Delete TITLE Change Addit NAME KEHLER, BETSY NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CTY-ST-ZIP Change Addit NAME LAWSON, DAN NAME NAME NAME NAME	NAME STREET ADDRESS	SPTD KEHLER, BETSY 4720 S.W. 170TH AVE.	Defete	NAME Street address		,	☐ Change	Addition	
TITLE V Delete TITLE Change Addit NAME LAWSON, DAN NAME	NAME STREET ADDRESS	SD KEHLER, BETSY 4720 S W 170TH AVE.	. □ Delete	NAME STREET ADDRESS			Change	Addition	
STREET ADDRESS 147000 C W ARTH CT		V	□ Delete				☐ Change	Addition	
CITY-ST-ZIP SOUTHWEST RANCHES FL CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	17080 S.W. 48TH ST. SOUTHWEST RANCHES FL		STREET ADDRESS CITY-ST-ZIP			•	}	
TITLE Delete TITLE Change Addit NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS			☐ Change	Addition	
TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP				Addition	

Indexety verify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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: