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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N38607

1. Corporation Name

(0)

FILED May 13 1997 8:00am Secretary of State

DEERING BAY MASTER PROPERTY OWNERS ASSOCIATION, INC.									
Principal Place of Bus	siness	Mailing Address				t of extending the teach inter desire door		01011 11015 1	1001 01811 1001
13605 OLD CUTLER RD 13605 OLD CUTLER RD MIAMI FL 33158-1334 MIAMI FL 33158-1334									
						 Date Incorporated or Qualified 06/14/1990 	3a, Da	e of Last F 5/01/19	Report 96
2. Principal Place of I	Business	2a. Mailing Addre	iss			4. FEI Number NOT APPLICABLE			oplied For
Suite, Apt. #, etc		26 Suite, Apt. #,	elo			HOI AFFLIOADEE			ot Applicable Additional
22		27	010.			6. Certificate of Status Desired			equired
City & State	<u> </u>	City & State	······································			6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip		Country		8. This corporation has liability for			. 199.032,
24	25	29]	30	<u></u>			Yes L		
9, N	ame and Address of Current	Registered Agent		81	Name	10. Name and Address of New F	registered A	gent	
				["]	Maille				
THE PRENTICE-HALL CORPORATION SYS		TEM, INC.		82 Street Addre		Address (P.O. Box Number is Not Accept	able)		
1201 HAYS ST	REET			83					
SUITE 105	TI 00004								
TALLAHASSEE	FL 32301			84	City		FL	85 Zip	Code
11. Pursuant to the p	revisions of Sections 617.0502	and 617.1508, Florid	a Statutes, the	e above	-named	corporation submits this statement for the		changing i	ts registered
office or registers	ed agent, or both, in the State of	Florida, Such chang	e was authori	ized by	the corp	corporation submits this statement for the location's board of directors. I hereby acc	ept the appo	intment as	registered
i accord Lago famili									
	a, this, and doodpt the obligation	ions of, Section of r.c	DUS, FIORIDA S	Statutos	i.	·			
SIGNATURE	, typed or printed name of registered agent					required when reinstating)	DAYE		
SIGNATURE		and title if applicable. DIRECTORS	(NOTE Regist			·	DAYE	DIRECTO	RS IN 12
SIGNATURE	. typed or printed name of registered agent	and file if applicable.	(NOTE Regist	egA bereti		required when reinstating)	DAYE		
SIGNATURE	typed or printed name of registered agent OFFICERS AND	and title if applicable. DIRECTORS	(NOTE: Regist	itered Age		required when reinstating)	DAYE	DIRECTO	RS IN 12
SIGNATURE Signature 12. TITLE PD NAME COU STREET ADDRESS TWO	typed or printed name of registered agent OFFICERS AND DINA, ARMANDO O ALHAMBRA PLAZA, PH2	and title if applicable. DIRECTORS	(NOTE: Regist	itered Ager 13. .1 TITLE	nt signature	required when reinstating)	DAYE	DIRECTO	RS IN 12
SIGNATURE Signature 12. TITLE PD NAME COT STREET ADDRESS TWO CITY-ST-7IP COP	typed or printed name of registered agent OFFICERS AND DINA, ARMANDO O ALHAMBRA PLAZA, PH2 RAL GABLES FL 33134	and title if applicable. DIRECTORS	(NOTE Regist 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	Itered Ager 13. .1 TITLE .2 NAME .3 STREET.	nt signature	required when reinstating) ADDITIONS/CHANGES TO OFF	DAYE	DIRECTOR Change	RS IN 12
SIGNATURE Signature 12. TITLE PD NAME COC STREET ADDRESS TWC CITY-SI-7IP COP TITLE VTD	typed or printed name of registered agent OFFICERS AND DINA, ARMANDO O ALHAMBRA PLAZA, PH2 RAL GABLES FL 33134	and title if applicable. DIRECTORS	(NOTE: Regist 1. 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1	Itered Ager 13. .1 TITLE .2 NAME .3 STREET. .4 CITY-ST	nt signature	required when reinstating) ADDITIONS/CHANGES TO OFF	DAYE ICERS AND	DIRECTO	RS IN 12
SIGNATURE Signature 12. TITLE PD NAME COC STREET ADDRESS TWC CITY-ST-7IP COP TITLE VTD NAME RAY	Upped or printed name of registered agent OFFICERS AND DINA, ARMANDO O ALHAMBRA PLAZA, PH2 RAL GABLES FL 33134 O O DOUGLAS T	and title if applicable. DIRECTORS	(NOTE: Regist 1. 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1	13. 1 TITLE 2 NAME 3 STREET. 4 CITY-ST 1 TITLE	ADDRESS	required when reinstating) ADDITIONS/CHANGES TO OFF VP/S/D ROBERT G. FERRANTI	DATE ICERS AND	DIRECTOR Change	RS IN 12
SIGNATURE 12. TITLE PD NAME COL STREET ADDRESS TWO CUTY-ST-ZIP COP TITLE VTD NAME RAY STREET ADDRESS 1360	OFFICERS AND OFFICERS AND DINA, ARMANDO O ALHAMBRA PLAZA, PH2 RAL GABLES FL 33134 (, DOUGLAS T 05 OLD CUTLER RD)	and title if applicable. DIRECTORS	(NOTE: Regist 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 3. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Island Ager 3. 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 2 NAME 3 STREET	ADDRESS T-ZIP ADDRESS	required when reinstating) ADDITIONS/CHANGES TO OFF VP/S/D ROBERT G. FERRANTI 13605 OLD CUTLER F	DATE ICERS AND	DIRECTOR Change	RS IN 12
SIGNATURE 12. TITLE PD NAME COU STREET ADDRESS TWO CITY-ST-ZIP VTD NAME RAY STREET ADDRESS 1361 CITY-ST-ZIP MIA	OFFICERS AND OFFICERS AND OINA, ARMANDO O ALHAMBRA PLAZA, PH2 RAL GABLES FL 33134 O, DOUGLAS T O5 OLD CUTLER RD; MI FL	and tile if applicable. DIRECTORS DEL	(NOTE: Regist 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	13. 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME 3 STREET 4 CITY-ST 4 CITY-ST 4 CITY-ST 4 CITY-ST	ADDRESS T-ZIP ADDRESS	required when reinstating) ADDITIONS/CHANGES TO OFF VP/S/D ROBERT G. FERRANTI 13605 OLD CUTLER F CRAL CAPLES, FL 33158	DATE ICERS AND	DIRECTOR Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE PD NAME COU STREET ADDRESS TWO CITY-ST-ZIP VTD NAME RAY STREET ADDRESS 136 CITY-ST-ZIP MIA TITLE VSD	OFFICERS AND OFFICERS AND OFFICERS AND OINA, ARMANDO O ALHAMBRA PLAZA, PH2 RAL GABLES FL 33134 O, DOUGLAS T O5 OLD CUTLER RD; MI FL	and title if applicable. DIRECTORS	(NOTE: Regist 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	A CITY-SI TITLE A CITY-SI STREET A CITY-SI TITLE A CITY-SI TITLE A CITY-SI TITLE A CITY-SI TITLE	ADDRESS T-ZIP ADDRESS	required when reinstating) ADDITIONS/CHANGES TO OFF VP/S/D ROBERT G. FERRANTI 13605 OLD CUTLER F CRAL CAPLES, FL 33158 VP/T/D	DATE ICERS AND	DIRECTOR Change	RS IN 12
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SIGNATURE 12. 11ILE PD NAME COU STREET ADDRESS TWO COPY-SI-ZIP COPY TITLE VTD NAME RAY STREET ADDRESS 1360 CITY-SI-ZIP MIA TITLE VSD NAME GOY STREET ADDRESS 1360 CITY-SI-ZIP MIA TITLE VSD STREET ADDRESS 1360 CITY-SI-ZIP MIA TITLE	OFFICERS AND OFFICERS AND OINA, ARMANDO O ALHAMBRA PLAZA, PH2 RAL GABLES FL 33134 O, DOUGLAS T OS OLD CUTLER RD; MI FL ON NZALEZ, RAUL OS OLD CUTLER RD.	and tile if applicable. DIRECTORS DEL X DEL	(NOTE: Regist 1.1 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2	A CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-SI 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 4 CITY-S 1 TITLE 3 STREET 4 CITY-S 1 TITLE 3 STREET 4 CITY-S 1 TITLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	VP/S/D ROBERT G. FERRANTI 13605 OLD CUTLER F CRAL CAPIES, FL 33158 VP/T/D HENRY BEFELER TWO ALHAMBRA PLAZA CORAL GABLES, FL DIRECTOR IMMO BARTELS 13605 OLD CUTLER IS	COAD.	DIRECTOF Change Change Change	Addition Addition
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SIGNATURE 12. TITLE PD NAME COUNTY STREET ADDRESS TWO COITY-SI-7IP COP TITLE VTD NAME RAY STREET ADDRESS 1360 CITY-SI-7IP VSD NAME GOP STREET ADDRESS 1360 CITY-SI-7IP MIAN STREET ADDRESS 1360 CITY-SI-7IP MIAN STREET ADDRESS 1360	OFFICERS AND OFFICERS AND OINA, ARMANDO O ALHAMBRA PLAZA, PH2 RAL GABLES FL 33134 O, DOUGLAS T OS OLD CUTLER RD; MI FL ON NZALEZ, RAUL OS OLD CUTLER RD.	and tile if applicable. DIRECTORS DEL X DEL	(NOTE: Regist 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.	A CITY-S A CITY	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS ADDRESS ADDRESS	VP/S/D ROBERT G. FERRANTI 13605 OLD CUTLER F CRAL CAPLES, FL 33158 VP/T/D HENRY BEFELER TWO ALHAMBRA PLAZA CORAL GABLES, FL DIRECTOR 13605 OLD CUTLER F CORAL GABLES, FL CORAL GABLES, FL DIRECTOR CORAL GABLES, FL DIRECTOR	COAD.	DIRECTOF Change Change Change	Addition Addition
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SIGNATURE 12. TITLE PD NAME COUNTY STREET ADDRESS TWO COPY TITLE VTD NAME RAY STREET ADDRESS 136 CITY-ST-ZIP MIA TITLE VSD NAME GON STREET ADDRESS 136 CITY-ST-ZIP MIA TITLE NAME STREET ADDRESS CITY-ST-ZIP MIA TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND OFFICERS AND OINA, ARMANDO O ALHAMBRA PLAZA, PH2 RAL GABLES FL 33134 O, DOUGLAS T OS OLD CUTLER RD; MI FL ON NZALEZ, RAUL OS OLD CUTLER RD.	and title if applicable. DIRECTORS DEL X DEL	(NOTE: Regist 1: 1.1	13. 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 1 STREET 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 12 NAME 13 STREET 14 CITY-S 1 TITLE 13 STREET 14 CITY-S 1 TITLE 14 CITY-S 1 TITLE 15 TITLE 16 CITY-S 17 TITLE 17 TITLE 18 STREET 18 CITY-S 18 TITLE 18 STREET 18 CITY-S 18 TITLE 18 STREET 18 CITY-S 18 TITLE 18 TITLE 18 TITLE 18 STREET 18 TITLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS	VP/S/D ROBERT G. FERRANTI 13605 OLD CUTLER F CRAL CAPLES, FL 33158 VP/T/D HENRY BEFELER TWO ALHAMBRA PLAZA CORAL GABLES, FL DIRECTOR IMMO BARTELS 13605 OLD CUTLER F CORAL CAPLES, FL 33158 DIRECTOR BRUCE NELSON 13605 OLD CUTLER	COAD.	DIRECTOR Change Change Change Change	Addition Addition
SIGNATURE 12. TITLE PD NAME COUNTY STREET ADDRESS CHY-SI-ZIP MIA TITLE VSD NAME RAY STREET ADDRESS CHY-SI-ZIP MIA TITLE VSD NAME GON STREET ADDRESS CHY-SI-ZIP MIA TITLE NAME STREET ADDRESS CHY-SI-ZIP TITLE NAME	OFFICERS AND OFFICERS AND OINA, ARMANDO O ALHAMBRA PLAZA, PH2 RAL GABLES FL 33134 O, DOUGLAS T OS OLD CUTLER RD; MI FL ON NZALEZ, RAUL OS OLD CUTLER RD.	and title if applicable. DIRECTORS DEL X DEL DEL	(NOTE: Regist 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:	13. 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 12 NAME 13 STREET 14 CITY-S 1 TITLE 13 STREET 14 CITY-S 1 TITLE 14 CITY-S 1 TITLE 15 NAME 16 STREET 17 STREET 17 STREET 17 STREET 17 STREET 17 STREET 18 STREET	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	VP/S/D ROBERT G. FERRANTI 13605 OLD CUTLER F CRAL CAPLES, FL 33158 VP/T/D HENRY BEFELER TWO ALHAMBRA PLAZA CORAL GABLES, FL DIRECTOR IMMO BARTELS 13605 OLD CUTLER F CORAL CAPLES, FL 33158 DIRECTOR BRUCE NELSON 13605 OLD CUTLER	COAD.	DIRECTOR Change Change Change Change Change	Addition Addition Addition
SIGNATURE 12. TITLE PD NAME COUNTY STREET ADDRESS TWO COPY TITLE VTD NAME RAY STREET ADDRESS 136 CITY-ST-ZIP MIA TITLE VSD NAME GON STREET ADDRESS 136 CITY-ST-ZIP MIA TITLE NAME STREET ADDRESS CITY-ST-ZIP MIA TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND OFFICERS AND OINA, ARMANDO O ALHAMBRA PLAZA, PH2 RAL GABLES FL 33134 O, DOUGLAS T OS OLD CUTLER RD; MI FL ON NZALEZ, RAUL OS OLD CUTLER RD.	and title if applicable. DIRECTORS DEL X DEL DEL	(NOTE Regist 1.1 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2	13. 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 1 STREET 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 12 NAME 13 STREET 14 CITY-S 1 TITLE 13 STREET 14 CITY-S 1 TITLE 14 CITY-S 1 TITLE 15 TITLE 16 CITY-S 17 TITLE 17 TITLE 18 STREET 18 CITY-S 18 TITLE 18 STREET 18 CITY-S 18 TITLE 18 STREET 18 CITY-S 18 TITLE 18 TITLE 18 TITLE 18 STREET 18 TITLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	VP/S/D ROBERT G. FERRANTI 13605 OLD CUTLER F CRAL CAPLES, FL 33158 VP/T/D HENRY BEFELER TWO ALHAMBRA PLAZA CORAL GABLES, FL DIRECTOR IMMO BARTELS 13605 OLD CUTLER F CORAL CAPLES, FL 33158 DIRECTOR BRUCE NELSON 13605 OLD CUTLER	COAD.	DIRECTOR Change Change Change Change Change	Addition Addition Addition

4. I do 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 changes on an attachment with an address.

SIGNATURE

MATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0031410

FZE037 (9/36)