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Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N38607** (0)

1. Corporation Name

DEERING BAY MASTER PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**13605 OLD CUTLER RD
MIAMI FL 33158-1334**

**13605 OLD CUTLER RD
MIAMI FL 33158-1334**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HASTINGS, VIVIEN
24301 WALDEN CENTER DR., SUITE 300
BONITA SPRINGS FL 34134**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CODINA, ARMANDO	
STREET ADDRESS	TWO ALHAMBRA PLAZA, PH2	
CITY-ST-ZIP	CORAL GABLES FL 33134	

TITLE	VPSD	<input checked="" type="checkbox"/> DELETE
NAME	FERRANTI, ROBERT G	
STREET ADDRESS	13605 OLD CUTLER RD	
CITY-ST-ZIP	CORAL GABLES FL	

TITLE	VPTD	<input checked="" type="checkbox"/> DELETE
NAME	BEGELER, HENRY	
STREET ADDRESS	TWO ALHAMBRA PLZA, PH-2	
CITY-ST-ZIP	CORAL GABLES FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARTELS, IMMO	
STREET ADDRESS	13605 OLD CUTLER RD	
CITY-ST-ZIP	CORAL GABLES FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NELSON, BRUCE	
STREET ADDRESS	13605 OLD CUTLER RD	
CITY-ST-ZIP	CORAL GABLES FL	

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

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WHITCOMB, STANLEY P.	
1.3 STREET ADDRESS	13605 DEERING BAY DRIVE	
1.4 CITY-ST-ZIP	CORAL GABLES, FLORIDA 33158	

2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PAGE, GEORGE R.	
2.3 STREET ADDRESS	24301 WALDEN CENTER DRIVE	
2.4 CITY-ST-ZIP	BONITA SPRINGS, FLORIDA 34134	

3.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HANLON, CHRISTOPHER J.	
3.3 STREET ADDRESS	24301 WALDEN CENTER DRIVE	
3.4 CITY-ST-ZIP	BONITA SPRINGS, FLORIDA 34134	

4.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BINN, RITA M.	
4.3 STREET ADDRESS	13605 DEERING BAY DRIVE	
4.4 CITY-ST-ZIP	CORAL GABLES, FLORIDA 33158	

5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	HUGHEY, VESTA	
5.3 STREET ADDRESS	13605 DEERING BAY DRIVE	
5.4 CITY-ST-ZIP	CORAL GABLES, FLORIDA 33158	

6.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	HASTINGS, VIVIEN N.	
6.3 STREET ADDRESS	24301 WALDEN CENTER DRIVE	
6.4 CITY-ST-ZIP	BONITA SPRINGS, FLORIDA 34134	

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.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stanley P. Whitcomb, President-Director

Date

Daytime Phone #

256-3335

CR2E037 (10/97)