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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38607

1. Corporation Name

**DEERING BAY MASTER PROPERTY OWNERS ASSOCIATION,
INC.**

Principal Place of Business

13605 OLD CUTLER RD
MIAMI FL 33158-1334

Mailing Address

13605 OLD CUTLER RD
MIAMI FL 33158-1334



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/14/1990

4. FEI Number

65-0412799

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE PD ☒ DELETE
NAME WHITCOMB, STANLEY P.
STREET ADDRESS 13605 DEERING BAY DR.
CITY-ST-ZIP CORAL GABLES FL 33158

TITLE V ☐ DELETE
NAME PAGE, GEORGE R.
STREET ADDRESS 24301 WALDEN CENTER DR.
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE VSD ☐ DELETE
NAME HALON, CHRISTOPHER J.
STREET ADDRESS 24301 WALDEN CENTER DR.
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE DT ☒ DELETE
NAME BINN, RITA M.
STREET ADDRESS 13605 DEERING BAY DR.
CITY-ST-ZIP CORAL GABLES FL 33158

TITLE D ☒ DELETE
NAME HUGHEY, VESTA
STREET ADDRESS 13605 DEERING BAY DR.
CITY-ST-ZIP CORAL GABLES FL 33158

TITLE AS ☐ DELETE
NAME HASTINGS, VIVIAN N.
STREET ADDRESS 24301 WALDEN CENTER DR.
CITY-ST-ZIP BONITA SPRINGS FL 34134

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME John Coolahan
1.3 STREET ADDRESS 13610 Deering Bay Drive
1.4 CITY-ST-ZIP Coral Gables, FL 33158

2.1 TITLE V ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE DT ☒ Change ☐ Addition
4.2 NAME Melannie Himrod
4.3 STREET ADDRESS 24301 Walden Center Dr.
4.4 CITY-ST-ZIP Bonita Springs, FL 34134

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Elizabeth McCormick
5.3 STREET ADDRESS 13605 Deering Bay Drive
5.4 CITY-ST-ZIP Coral Gables, FL 33158

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME John Turner
6.3 STREET ADDRESS 13610 Deering Bay Dr.
6.4 CITY-ST-ZIP Coral Gables, FL 33158

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)