

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38607

1. Entity Name

DEERING BAY MASTER PROPERTY OWNERS ASSOCIATION.

Principal Place of Business

13605 OLD CUTLER RD
MIAMI FL 33158-1334

Mailing Address

13605 OLD CUTLER RD
MIAMI FL 33158-1396

2. Principal Place of Business

24310 Walden Center Dr.

3. Mailing Address

24301 Walden Center Dr.

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

Zip

34134

Country

Zip

34134

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0412799

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

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.

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

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME COOLAHAN, JOHN
STREET ADDRESS 13610 DEERING BAY DRIVE
CITY-ST-ZIP CORAL GABLES FL 33158

TITLE PD ☐ Change ☒ Addition
NAME DRUMMOND, PAUL
STREET ADDRESS 24301 Walden Center Dr.
CITY-ST-ZIP Bonita Springs, FL 34134

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

TITLE SDV ☐ Change ☒ Addition
NAME Glave, Rosa
STREET ADDRESS 3300 University Drive
CITY-ST-ZIP Coral Springs, FL 33065

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

TITLE VD ☒ Change ☐ Addition
NAME Hanton, Christopher J
STREET ADDRESS 24301 Walden Center Dr.
CITY-ST-ZIP Bonita Springs, FL 34134

TITLE DT ☐ Delete
NAME HIMROD, MELANNIE
STREET ADDRESS 24301 WALDEN CENTER DRIVE
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE VKS ☐ Change ☒ Addition
NAME STEVEN C. Adelman
STREET ADDRESS 24301 Walden Center Dr.
CITY-ST-ZIP Bonita Springs, FL 34134

TITLE D ☐ Delete
NAME MCCORMICK, ELIZABETH
STREET ADDRESS 13605 DEERING BAY DRIVE
CITY-ST-ZIP CORAL GABLES FL 33158

TITLE D ☒ Change ☐ Addition
NAME DYNLUCK MELANNIE
STREET ADDRESS 24301 Walden Center Dr.
CITY-ST-ZIP Bonita Springs, FL 34134

TITLE D ☐ Delete
NAME TURNER, JOHN
STREET ADDRESS 13610 DEERING BAY DRIVE
CITY-ST-ZIP CORAL GABLES FL 33158

TITLE ☐ Change ☐ 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:

PAUL DRUMMOND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2000 941-947-2600

Date

Daytime Phone #

CR2E037 (9/99)