

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90499 011 \*\*\*\*61.25

**DOCUMENT # N38607**

1. Entity Name

**DEERING BAY MASTER PROPERTY OWNERS ASSOCIATION,**

Principal Place of Business

**24310 WALDEN CENTER DR  
SUITE 300  
BONITA SPRINGS FL 34134**

Mailing Address

**24310 WALDEN CENTER DR  
SUITE 300  
BONITA SPRINGS FL 34134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	DRUMMOND, PAUL	24301 WALDEN CENTER DR	BONITA SPRINGS FL 34134				
SDV	GLAVE, ROSE	3300 UNIVERSITY DR	CORAL SPRINGS FL 33065				
VD	HALON, CHRISTOPHER J	24301 WALDEN CENTER DR.	BONITA SPRINGS FL 34134				
T	DUNNUCK, MELANIE	24301 WALDEN CENTER DRIVE	BONITA SPRINGS FL 34134	D	Placencia, Rigoberto	24301 Walden Center Dr.	Bonita Springs, FL 34134
D	MCCORMICK, ELIZABETH	13605 DEERING BAY DRIVE	CORAL GABLES FL 33158	DAS	Adelman, Steven C.	24301 Walden Center Dr.	Bonita Springs, FL 34134
D	TURNER, JOHN	13610 DEERING BAY DRIVE	CORAL GABLES FL 33158				

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)