

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 19, 2002 8:00 am  
Secretary of State

02-19-2002 90051 026 \*\*\*\*61.25

DOCUMENT # N38607

1. Entity Name

DEERING BAY MASTER PROPERTY OWNERS ASSOCIATION, INC.

RECEIVED  
JAN 10 2002

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & 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, VMEN  
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 DRUMMOND, PAUL  
STREET ADDRESS 24301 WALDEN CENTER DR  
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SDV ☐ Delete  
NAME GLAVE, ROSE  
STREET ADDRESS 3300 UNIVERSITY DR  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME PLACENSIA, RIGOBERTO  
STREET ADDRESS 24301 WALDEN CENTER DRIVE  
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DAS ☒ Delete  
NAME ADELMAN, STEVEN C  
STREET ADDRESS 24301 WALDEN CENTER DRIVE  
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE AS ☒ Change ☐ Addition  
NAME Adelman, Steven C.  
STREET ADDRESS 24301 Walden Center Drive  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-02 305-232-1741

CR2E037 (9/01)