2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Feb 21, 2009
Secretary of State

DOCUMENT# N38608

Entity Name: DEERING BAY ESTATE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

13610 DEERING BAY DR
CORAL GABLES, FL 33158 US

New Principal Place of Business:

Current Mailing Address:

13610 DEERING BAY DR
CORAL GABLES, FL 33158 US

New Mailing Address:

C/O CASTLE GROUP
P.O. BOX 559009
FT. LAUDERDALE, FL 33355 US

FEI Number: 65-0412789 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HYMAN, MICHAEL ESQ
HYMAN, SPECTOR & MARS
150 WEST FLAGLER STREET #2701
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SUSSMANE, JEFFREY
Address: 13691 DEERING BAY DR
City-St-Zip: CORAL GABLES, FL 33158 US

Title: VD ( ) Delete
Name: HEQUIN, SANDRA
Address: 13671 DEERING BAY DR
City-St-Zip: CORAL GABLES, FL 33158 US

Title: TD ( ) Delete
Name: FISHMAN, ALLAN
Address: 13661 DEERING BAY DR
City-St-Zip: CORAL GABLES, FL 33158

Title: D ( ) Delete
Name: FEDER, SCOTT
Address: 13679 DEERING BAY DR
City-St-Zip: CORAL GABLES, FL 33158

Title: SD ( ) Delete
Name: CITRON, EVELYN
Address: 13681 DEERING BAY DR
City-St-Zip: CORAL GABLES, FL 33158

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. DONNELLY MGR 02/21/2009

Electronic Signature of Signing Officer or Director — Date