Deering Bay Condominium I, Inc.

05-18-2007 90216 001 *5,328.75
N38609

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
07 MAY 23 PM 1:31
FLA. DEPT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N38609

1. Entity Name
DEERING BAY CONDOMINIUM I, INC.

Principal Place of Business	Mailing Address
13610 DEERING BAY DR CORAL GABLES, FL 33158 US	13610 DEERING BAY DR CORAL GABLES, FL 33158 US

02152007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P O Box #	3. Mailing Address
Suite Apt #, etc	Suite Apt #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0427488 ☐ 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
REISMAN, JOSEPH B ONE SE 3RD AVENUE #3050 MIAMI, FL 33131	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
AP	TITLE ~~VPD~~ PD NAME ROSTOV, BARBARA STREET ADDRESS 13647 DEERING BAY DR # 162 CITY-ST-ZIP CORAL GABLES, FL 33158	☐ Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
	TITLE T NAME PACIN, MICHAEL STREET ADDRESS 13645 DEERING BAY DR STE 133 CITY-ST-ZIP CORAL GABLES, FL 33158	☐ Delete	TITLE TD NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
	TITLE D NAME MESSETT, SYDNEY STREET ADDRESS 13647 DEERING BAY DR # 151 CITY-ST-ZIP CORAL GABLES, FL 33158	☒ Delete	TITLE D NAME GROSS, HOWARD STREET ADDRESS 13647 DEERING BAY DR #141 CITY-ST-ZIP CORAL GABLES, FL 33158	☐ Change ☒ Addition
BR	TITLE ~~PD~~ VPD NAME RAPPORPORT, SUE STREET ADDRESS 13645 DEERING BAY DRIVE # 154 CITY-ST-ZIP CORAL GABLES, FL 33158	☐ Delete	TITLE VPD NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
	TITLE SD NAME BRIN, PEGGY STREET ADDRESS 13645 DEERING BAY DR # 114 CITY-ST-ZIP CORAL GABLES, FL 33158	☒ Delete	TITLE SD NAME SIEGEL, BARRY STREET ADDRESS 13643 DEERING BAY DRIVE #116 CITY-ST-ZIP CORAL GABLES, FL 33158	☐ Change ☒ Addition
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Barbara H. Rostov 5/1/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #