

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90142 034 \*\*\*\*61.25

DOCUMENT # **N 38609**

1. Entity Name

**DEERING BAY CONDOMINIUM I, INC.**

**DO NOT WRITE IN THIS SPACE**

**60013516**

2. Principal Place of Business

**13610 DEERING BAY DR**

3. Mailing Address

**13610 DEERING BAY DR**

Suite, Apt. #, etc.

**N/A**

Suite, Apt. #, etc.

**N/A**

City & State

**CORAL GABLES, FL**

City & State

**CORAL GABLES, FL**

Zip

**33158**

Country

**USA**

Zip

**33158**

Country

**USA**

4. FEI Number

**65-0427488**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name **ROSMAN JOSEPH B.**

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

**ONE SE 3RD AVENUE #3050**

City

**MIAMI**

FL

Zip Code

**33131**

**DO NOT WRITE  
IN THIS SPACE**

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.

**N/A**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP WILKINS, KAREN 13610 DEERING BAY DRIVE CORAL GABLES, FL 33158</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP GREEN, IONI 13610 DEERING BAY DRIVE CORAL GABLES, FL 33158</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS MORSETT, SYDNEY 13610 DEERING BAY DRIVE CORAL GABLES, FL 33158</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT RAPPOPORT, SUB 13610 DEERING BAY DRIVE CORAL GABLES, FL 33158</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KEASLOW, DAVID 13610 DEERING BAY DRIVE CORAL GABLES, FL 33158</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**DO NOT WRITE  
IN THIS SPACE**

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Karen Wilkins** **KAREN WILKINS** **02-18-03** **305-282-1741**


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N38609**

1. Entity Name  
**DEERING BAY CONDOMINIUM I, INC.**



Principal Place of Business  
**13610 DEERING BAY DR  
CORAL GABLES FL 33158  
US**

Mailing Address  
**13610 DEERING BAY DR  
CORAL GABLES FL 33158  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



☐ CHECK HERE IF MAKING CHANGES

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  
**REISMAN, JOSEPH B  
ONE SE 3RD AVENUE  
#3050  
MIAMI FL 33131**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_  
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  
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MESSETT, BILL 13610 DEERING BAY DR CORAL GABLES FL 33158 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Rappoport, Sue 13610 Deering Bay Dr. Coral Gables, FL 33158 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STEWART, PAT 13610 DEERING BAY DRIVE CORAL GABLES FL 33158 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	     <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WILKINS, KAREN 13610 DEERING BAY DR. CORAL GABLES FL 33158 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Wilkins, Karen 13610 Deering Bay Dr Coral Gables, FL 33158 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KRASLOW, DAVID 13610 DEERING BAY DR. CORAL GABLES FL 33158 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kraslow, David 13610 Deering Bay Dr. Coral Gables, FL 33158 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MESSETT, BILL 13610 DEERING BAY DR. CORAL GABLES FL 33158 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS messett, Sydney 13610 Deering Bay Dr. Coral Gables, FL 33158 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, JONI 13610 DEERING BAY DRIVE #3050 MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Green, Joni 13610 Deering Bay Dr. Coral Gables, FL 33158 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joseph B. Reisman* **305-232-1711**

CR2E037 (10/02)