

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90115 044 ****61.25

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DOCUMENT # N42347

1. Corporation Name

DEER PARK IIC HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

P O BOX 764
NEW PORT RICHEY FL 34656

Mailing Address

P O BOX 764
NEW PORT RICHEY FL 34656



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/04/1991

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-3118989

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAMES BALLARD
8431 ROYAL HART DR.
NEW PORT RICHEY FL 34653

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

JAMES BALLARD **PRESIDENT JAMES BALLARD**

2/2/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **V.P.** ☐ DELETE
NAME **REMAIL, DIANE**
STREET ADDRESS **8518 YEARLING LN**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Director
Joe Maceda
5227 Spike Horn Drive
New Port Richey, FL. 34653

☐ Change ☒ Addition

TITLE **D** ☒ DELETE
NAME **RAQUET, RON**
STREET ADDRESS **5145 SPIKE HORN DR**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Treasurer
Mike Dellavecchia
5029 Spike Horn Drive
New Port Richey, FL. 34653

☐ Change ☒ Addition

TITLE **D** ☐ DELETE
NAME **GAMBOA, LOU**
STREET ADDRESS **8555 YEARLING LN**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **JOE POLITANO**
STREET ADDRESS **8460 RED ROE SR.**
CITY-ST-ZIP **NEW PORT RICHEY FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **P**
NAME **JAMES BALLARD**
STREET ADDRESS **8431 ROYAL HART DR.**
CITY-ST-ZIP **NEW PORT RICHEY FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **JAMES BALLARD** REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-99 727-372-7670

Date

Daytime Phone #

CR2E037 (11/98)