

2001 UNIFORM BUSINESS REPORT (UBR)

04-11-2001 90028 019 ****61.25
N46765

0021902

DOCUMENT # N46765

1. Entity Name

DEERSONG HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

126 DEERSONG DRIVE
WINTER SPRINGS FL 32708
US

Mailing Address

126 DEERSONG DRIVE
WINTER SPRINGS FL 32708
US

2. Principal Place of Business

135 W. PINEVIEW STREET

Suite, Apt. #, etc.

3. Mailing Address

135 W. PINEVIEW STREET

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS, FL 32714

City & State

ALTAMONTE SPRINGS, FL 32714

4. FEI Number

59-3243900

Applied For

Not Applicable

Zip

32714

Country

US

Zip

31714

Country

US

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

Name PRESIDENTIAL GROUP SOUTH, INC.

Street Address (P.O. Box Number is Not Acceptable)
135 W. PINEVIEW STREET

City ALTAMONTE SPRINGS

FL

Zip Code 32714

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.

ANTHONY F. GUADAGNINO

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 NAME STREET ADDRESS CITY-ST-ZIP	PD GROSS, TAMMY 126 DEERSONG DR WINTER SPRINGS FL 32708	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HENDERSON, RAMONA 123 DEERSONG DR WINTER SPRINGS FL 32708	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BOWES, KATHY 117 DEERSONG DR WINTER SPRINGS FL 32708	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLLUS, CHARLES 325 SAN RAFAEL ST WINTER SPRINGS FL 32708	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAY BERGERON 201 SAN GABRIEL STREET WINTER SPRINGS, FL 32708	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 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 #

CR2E037 (10/00)

4/12