

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90093 024 ****61.25

DOCUMENT # N47374

1. Entity Name

DEER PARK OWNERS ASSOCIATION, INC.

Principal Place of Business

9227 JAYBIRD CIR E
JACKSONVILLE FL 32257-5276
US

Mailing Address

PO BOX 57712
JACKSONVILLE FL 32241-7712
US

950977

2. Principal Place of Business

Signature Realty Mgmt
9889-1 San Jose Blvd
City & State Jacksonville, FL.
Zip 32257 Country USA

3. Mailing Address

Signature Realty Mgmt
9889-1 San Jose Blvd
City & State Jacksonville, FL.
Zip 32257 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3125890

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BACHMANN, ROBERT R
9227 JAYBIRD CIR E
JACKSONVILLE FL 32257-5276

7. Name and Address of New Registered Agent

Name Bryan Cantrell
Street Address (P.O. Box Number is Not Acceptable)
C/O Signature Realty Mgmt
9889-1 San Jose Blvd
City Jacksonville FL Zip Code 32257

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.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLS, PETER K 9256 JAYBIRD CIR W JACKSONVILLE FL 32257	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIRASTEH, FARZANEH 1349 HIWAY DR S JACKSONVILLE FL 32259	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMPSON, WHITNEY 9253 JAYBIRD CIRCLE W. JACKSONVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BACHMANN, ROBERT R. 9227 JAYBIRD CIRCLE E. JACKSONVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GREEN, GLENN W 9202 JAYBIRD CIR W JACKSONVILLE FL 32257	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pira Trealek, Glenn 4889 Jaybird Circle N. Jacksonville, FL 32257	☐ 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		☐ 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)