

FILE NOW: FILING FEE IS \$61.25

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Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N49895 (8)
 1. Corporation Name
DEERING BAY CLUB VILLAS ASSOCIATION, INC.



Principal Place of Business 13605 OLD CUTLER RD MIAMI FL 33158	Mailing Address 13605 OLD CUTLER RD MIAMI FL 33158	3. Date Incorporated or Qualified 07/15/1992
		4. FEI Number 65-0466838 XXNOT APPLICABLEXX
		Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Zip 24	Country 25	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Zip 29	
	Country 30	

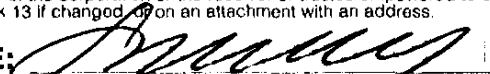
9. Name and Address of Current Registered Agent HASTINGS, VIVIEN N 24301 WALDEN CENTER DR., SUITE 300 BONITA SPRINGS FL 34134		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number Is Not Acceptable)	
		83	
		84 City	FL
		85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD XX DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CODINA, ARMANDO	1.2 NAME	WHITCOMB, STANLEY P.
STREET ADDRESS	2 ALHAMBRA PLAZA PH 2	1.3 STREET ADDRESS	13605 DEERING BAY DRIVE
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	CORAL GABLES, FL 33158
TITLE	VTD XX DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEFELER, HENRY	2.2 NAME	HUGHEY, VESTA
STREET ADDRESS	2 ALHAMBRA PL, PH2	2.3 STREET ADDRESS	13605 DEERING BAY DRIVE
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	CORAL GABLES, FLORIDA 33158
TITLE	VPSD XX DELETE	3.1 TITLE	DVS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERRANTI, ROBERT G	3.2 NAME	HANLON, CHRISTOPHER
STREET ADDRESS	13605 OLD CUTLER RD	3.3 STREET ADDRESS	24301 WALDEN CENTER DRIVE
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	BONITA SPRINGS, FLORIDA 34134
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	PAGE, GEORGE
STREET ADDRESS		4.3 STREET ADDRESS	24301 WALDEN CENTER DRIVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BONITA SPRINGS, FLORIDA 34134
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	BINN, RITA
STREET ADDRESS		5.3 STREET ADDRESS	13605 DEERING BAY DRIVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	CORAL GABLES, FLORIDA 33158
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	HASTINGS, VIVIEN
STREET ADDRESS		6.3 STREET ADDRESS	24301 WALDEN CENTER DRIVE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	BONITA SPRINGS, FLORIDA 34134

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.

SIGNATURE:  **Stanley P. Whitcomb, President-Director** 256-3335

CR2E037 (10/97)