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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N49895

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**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
07/15/1992

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0466838

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 Zip Country

29 Zip Country

30 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HASTINGS, VIVEN N
24301 WALDEN CENTER DR., SUITE 300
BONITA SPRINGS FL 34134**

81 Name **Michael Hyman**

82 Street Address (P.O. Box Number is Not Acceptable)
**Museum Tower 27th Floor
150 West Flagler Street**

83 City **Miami, FL**

84 Zip Code **FL 33130**

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

(NOTE: Registered Agent signature required when reinstating)

1/25/99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **WHITCOMB, STANLEY P.**
STREET ADDRESS **13605 DEERING BAY DR.**
CITY-ST-ZIP **CORAL GABLES FL 33158**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Gilbert Tendler**
1.3 STREET ADDRESS **13610 Deering Bay Drive**
1.4 CITY-ST-ZIP **Coral Gables, FL 33158**

TITLE **D** ☒ DELETE
NAME **HUGHEY, VESTA**
STREET ADDRESS **13605 DEERING BAY DR.**
CITY-ST-ZIP **CORAL GABLES FL 33158**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **James Schlesinger**
2.3 STREET ADDRESS **13610 Deering Bay Drive**
2.4 CITY-ST-ZIP **Coral Gables, FL 33158**

TITLE **DVS** ☒ DELETE
NAME **HANLON, CHRISTOPHER**
STREET ADDRESS **24301 WALDEN CENTER DR.**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

3.1 TITLE **DS** ☒ Change ☐ Addition
3.2 NAME **Rafael Aponte-Lopez**
3.3 STREET ADDRESS **13610 Deering Bay Drive**
3.4 CITY-ST-ZIP **Coral Gables, FL 33158**

TITLE **V** ☒ DELETE
NAME **PAGE, GEORGE**
STREET ADDRESS **24301 WALDEN CENTER DR.**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

4.1 TITLE **DV** ☒ Change ☐ Addition
4.2 NAME **Richard Sage**
4.3 STREET ADDRESS **13610 Deering Bay Drive**
4.4 CITY-ST-ZIP **Coral Gables, FL 33158**

TITLE **T** ☒ DELETE
NAME **BINN, RITA**
STREET ADDRESS **13605 DEERING BAY DR.**
CITY-ST-ZIP **CORAL GABLES FL 33158**

5.1 TITLE **DT** ☒ Change ☐ Addition
5.2 NAME **Patricio Cervantes**
5.3 STREET ADDRESS **13610 Deering Bay Drive**
5.4 CITY-ST-ZIP **Coral Gables, FL 33158**

TITLE **AS** ☒ DELETE
NAME **HASTINGS, VIVEN**
STREET ADDRESS **24301 WALDEN CENTER DR.**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

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

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: *[Signature]* SIGNATURE REQUIRED: **GILBERT TENDLER** 1/16/99 305/774-0650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)