


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90037 014 \*\*\*\*61.25

<b>DOCUMENT # N49895</b>				
1. Entity Name DEERING BAY CLUB VILLAS ASSOCIATION, INC.				
Principal Place of Business 11981 SW 144CT #201 MIAMI, FL 33186		Mailing Address 11981 SW 144CT #201 MIAMI, FL 33186		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0466838 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				01062006 Chg-NP CR2E037 (11/05) <b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
HYMAN & KAPLAN 150 WEST FLAGLER STREET., STE 2701 MIAMI, FL 33130				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>				
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees <b>Make check payable to Florida Department of State</b>
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TENDLER, GILBERT		NAME	
STREET ADDRESS	13620 DEERING BAY DRIVE		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33158		CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, MARK		NAME	
STREET ADDRESS	13616 DEERING BAY DR		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33158		CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAYA, ISABEL		NAME	
STREET ADDRESS	13626 DEERING BAY DR		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33158		CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, HARRIS		NAME	
STREET ADDRESS	13652 DEERING BAY DRIVE		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33158		CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPILLIS, PETER		NAME	
STREET ADDRESS	10682 DEERING BAY DR		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33158		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Gilbert Tandler</i>		GILBERT TENDLER		1/16/06 305/252-5674
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>