SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL -3 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003573 (3)

1. Corporation Name

DEER POINTE COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
274 WILSHIRE BLVD. SUITE 282 CASSELBERRY FL 32707	274 WILSHIRE BLVD. SUITE 282 CASSELBERRY FL 32707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/05/1993
3a. Date of Last Report: 10/05/1994
4. FEI Number: 59-3216423 — Applied For / Not Applicable
5. Certificate of Status Desired: X — $0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: ☐ — FILING FEE IS $61.25
8. This corporation has authority for employee tax under s. 199.032, Florida Statutes: ☐ Yes X No

21	2. Principal Place of Business
22	Suite, Apt. #, etc.
23	City & State
24	Zip
25	County

28	2a. Mailing Address
27	Suite, Apt. #, etc.
28	City & State
29	Zip
30	County

9. Name and Address of Current Registered Agent

OSWALD, KENNETH F
600 COURTLAND ST.
SUITE 110
ORLANDO FL 32804

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 (Signature of new registered agent, if appointed) (Printed name of new registered agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES AND DELETIONS	
Title	D	61 Title	☐ Change ☐ Addition
Name	EARLEY, THORPE J	62 Name	
Street Address	274 WILSHIRE BLVD., SUITE 282	63 Street Address	
City-St-Zip	CASSELBERRY FL 32707	64 City-St-Zip	
Title	D	71 Title	☐ Change ☐ Addition
Name	WALLIS, C P	72 Name	
Street Address	274 WILSHIRE BLVD., SUITE 282	73 Street Address	
City-St-Zip	CASSELBERRY FL 32707	74 City-St-Zip	
Title	D	31 Title	☐ Change ☐ Addition
Name	TEMMEL, A JR	32 Name	
Street Address	274 WILSHIRE BLVD., SUITE 282	33 Street Address	
City-St-Zip	CASSELBERRY FL 32707	34 City-St-Zip	
Title		41 Title	☐ Change ☐ Addition
Name		42 Name	
Street Address		43 Street Address	
City-St-Zip		44 City-St-Zip	
Title		51 Title	☐ Change ☐ Addition
Name		52 Name	
Street Address		53 Street Address	
City-St-Zip		54 City-St-Zip	
Title		61 Title	☐ Change ☐ Addition
Name		62 Name	
Street Address		63 Street Address	
City-St-Zip		64 City-St-Zip	

CR2E037 (3/95)

14. I (we) hereby certify that the information supplied with this filing is voluntarily furnished and 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: C.P. WALLIS, DIRECTOR — C. P. Wallis — JUNE 27, 1995 — 407-831-3779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0003509