

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000000997**

1. Entity Name

DEERLAKE VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**1222 NE 4TH AVE
FT LAUDERDALE FL 33304
US**

Mailing Address

**1222 NE 4TH AVE
FT LAUDERDALE FL 33304
US**

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

65-0559643

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LABOSSIERE, MARC
1222 NE 4TH AVE
FT LAUDERDALE FL 33304**

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.

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	D	<input type="checkbox"/> Delete
NAME	LABISSIERE, MARC	
STREET ADDRESS	1222 NE 4TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	LIPSITZ, MARC	
STREET ADDRESS	3445 ROYAL PALM AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	

TITLE	D	<input type="checkbox"/> Delete
NAME	LAPORTE, RICHARD	
STREET ADDRESS	900 E. ATLANTIC BLVD	
CITY-ST-ZIP	POMPAHO BEACH FL 33060	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED

01/28/01

954-763-4214

Date

Daytime Phone #

CR2E037 (10/00)

0145219

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90081 003 ****61.25



DO NOT WRITE IN THIS SPACE