

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90072 050 ****61.25

DOCUMENT # N95000000101

1. Entity Name
DEER LAKE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
C/O FAMILY PROPERTY SERVICES, INC.
1330 RAIL HEAD BLVD. #4
NAPLES, FL 34110

Mailing Address
C/O FAMILY PROPERTY SERVICES, INC.
1330 RAIL HEAD BLVD. #4
NAPLES, FL 34110

40107451



2. Principal Place of Business - No P.O. Box #
School Management
9441 Cypress Lake Dr Ste 2
Ft. Myers FL 33919

3. Mailing Address
School Management
9441 Cypress Lake Dr Ste 2
Ft. Myers FL 33919

City & State
Ft. Myers FL

Country
USA

05022007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0552817

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SHERWOOD, RICHARD C JR
1330 RAIL HEAD BLVD. #4
NAPLES, FL FL

7. Name and Address of New Registered Agent
Name School Management Inc
Street Address (P.O. Box Number is Not Acceptable)
9441 Cypress Lake Dr Ste 2
c/o Robert E Gelles
City Ft. Myers FL 33919

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 *Robert E. Gelles* *Robert E. Gelles, CA* 4/21/07

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOOLE, ELAINE		NAME	Zegurski, Edward	
STREET ADDRESS	11530 AXIS DEER WAY		STREET ADDRESS	7348 Sika Deer Lane	
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP	FT. MYERS, FL 33966	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUVERA, JOHN		NAME	Cooper, Rob	
STREET ADDRESS	7575 Sika Deer Way		STREET ADDRESS	7431 Sika Deer Lane	
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP	FT. MYERS, FL 33966	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYER GEORGE		NAME		
STREET ADDRESS	7578 Sika Deer Way		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Hollman, Jeff	
STREET ADDRESS			STREET ADDRESS	11420 Axis Deer Lane	
CITY-ST-ZIP			CITY-ST-ZIP	FT. MYERS, FL 33966	
TITLE		<input type="checkbox"/> Delete	TITLE	GDP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Golen, Bob	
STREET ADDRESS			STREET ADDRESS	7591 Key Deer Court	
CITY-ST-ZIP			CITY-ST-ZIP	FT MYERS, FL 33966	
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: *George Boyer* George Boyer, President 4.19.07 (239) 481-4700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR