

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90004 049 ****61.25

DOCUMENT # N95000003529

1. Entity Name
DEERING BAY CONDOMINIUM II, INC.



Principal Place of Business
**13633 DEERING BAY DR
SUITE 10
CORAL GABLES, FL 33158 US**

Mailing Address
**13633 DEERING BAY DR
SUITE 10
CORAL GABLES, FL 33158 US**

40011852



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01022008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0653444

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**HYMAN, MICHAEL
27TH FLOOR MUSEUM TOWER
150 W. FLAGLER ST., 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	OROVITZ, JAMES	
STREET ADDRESS	13610 DEERING BAY DRIVE	
CITY-ST-ZIP	CORAL GABLES, FL 33158	
TITLE	PV	<input type="checkbox"/> Delete
NAME	CARROLL, CHARLIE	
STREET ADDRESS	13610 DEERING BAY BLVD	
CITY-ST-ZIP	CORAL GABLES, FL 33158	
TITLE	D	<input type="checkbox"/> Delete
NAME	GROSSMAN, PHILIP	
STREET ADDRESS	13633 DEERING BAY DR	
CITY-ST-ZIP	CORAL GABLES, FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LEIBERMAN, WARREN	
STREET ADDRESS	13610 DEERING BAY DR	
CITY-ST-ZIP	CORAL GABLES, FL 33158	
TITLE	S	<input type="checkbox"/> Delete
NAME	JACOBSON, RONNIE	
STREET ADDRESS	13681 DEERING BAY DR	
CITY-ST-ZIP	CORAL GABLES, FL 33158	
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	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" 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	SO	<input checked="" 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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] VPD 1-22-08