

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90016 043 ****61.25

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1. Corporation Name

DEERFIELD COMMERCIAL PROPERTY OWNERS ASSOCIATION
, INC.

Principal Place of Business

151 SOUTHHALL LANE, STE. 230
MAITLAND FL 32751

Mailing Address

151 SOUTHHALL LANE, STE. 230
MAITLAND FL 32751



2. Principal Place of Business

21 385 Douglas Avenue

Suite, Apt. #, etc.

22 Suite 2000

City & State

23 Altamonte Springs, FL

Zip

24 32714

Country

2a. Mailing Address

26 385 Douglas Avenue

Suite, Apt. #, etc.

27 Suite 2000

City & State

28 Altamonte Springs, FL

Zip

29 32714

Country

3. Date Incorporated or Qualified

04/04/1996

4. FEI Number

75-250212

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MATTHAI, KAROLINE
151 SOUTHHALL LANE
SUITE 230
MAITLAND FL 32751-7190

10. Name and Address of New Registered Agent

81 Name

Matthai, Karoline

82 Street Address (P.O. Box Number is Not Acceptable)

385 Douglas Avenue

83

Suite 2000

84 City

Altamonte Springs

FL

85 Zip Code

32714

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME KNIGHT, PATRICK

STREET ADDRESS 151 SOUTHHALL LANE, STE. 230

CITY-ST-ZIP MAITLAND FL 32751

TITLE DV ☐ DELETE

NAME SMITH, RALPH JR.

STREET ADDRESS 151 SOUTHHALL LANE, STE. 230

CITY-ST-ZIP MAITLAND FL 32751-7190

TITLE DST ☐ DELETE

NAME MATTHAI, KAROLINE

STREET ADDRESS 151 SOUTHHALL LANE, STE. 230

CITY-ST-ZIP MAITLAND FL 32751

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME Knight, Patrick

1.3 STREET ADDRESS 385 Douglas Avenue suite 2000

1.4 CITY-ST-ZIP Altamonte Springs, FL. 32714

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME Smith, Ralph Jr.

2.3 STREET ADDRESS 385 Douglas Avenue suite 2000

2.4 CITY-ST-ZIP Altamonte Springs, FL. 32714

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME Matthai, Karoline

3.3 STREET ADDRESS 385 Douglas Avenue suite 2000

3.4 CITY-ST-ZIP Altamonte Springs, FL. 32714

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-5-99

CR25037 (11/98)