May 30, 2001 8:00 am Secretary of State 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N99000002985 1. Entity Name 05-04-2001 90103 042 ****61.25 DEERFIELD COMMUNITY ASSOCIATION OF TOWN N COUNTR Principal Place of Business Mailing Address 47403 P.O. BOX 260296 P.O. BOX 260296 TAMPA FL 33685-0269 TAMPA FL 33685-0269 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3452620 Not Applicable \$8.75 Additional Žip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SEEBECH, GAIL A 8313 W HILLSBOROUGH AVE SUITE 420 Zip Code City Fl TAMPA FL 33615 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Change PD ☐ Delete TITLE TITLE NAME SEEBECH, GAIL A NAME STREET ADDRESS 8809 ASCOT CT N STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TAMPA FL 33634 VPD / Treasurer ☐ Change Addition TITLE VPD Delete TITLE Earl Pinkers PINKERTON, EARL NAME NAME STREET ADDRESS 8908 Richt STREET ADDRESS 8908 RICHFIELD CT ヹィ CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33634** ☐ Change Addition TITLE X KXDelete STD TITLE MONTES, LYDIA NAME NAME Delete STREET ADDRESS STREET ADDRESS 8509 APRILSOUND CT CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33634 ☐ Change **₹**Addition Delete TITLE TITLE Secretary martha wulter NAME NAME Martha Wulff 8506 Willow Fores STREET ADDRESS STREET ADDRESS 8506 Willow Forest Ct. CITY-ST-ZIP CITY-ST-ZIP Tampa FL 33634 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME

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 empow

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

MILE NAME

Delete

4/25/01

813-290-8003

☐ Change

☐ Addition

FILED

5/4/0: