2004 NOT-FOR-PROFIT CORPORATION - ANNUAL REPORT (AR)

DOCUMEŇT # N9900002985

4. Entity Name

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DEERFIELD COMMUNITY ASSOCIATION OF TOWN N COUNTRY INC.

Principal Plac	e of Business	Mailing Address				
P.O. BOX 26 TAMPA FL 3		P.O. BOX 260296 TAMPA FL 33685-0269				
2. Principal P	Place of Business	3. Mailing Address				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	*	MC	OORE CR2E037	(11/03)
City & Stat	е	City & State		4. FEI Number	9-3452620	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Sta		\$8.75 Additional ee Required
	6. Name and Address of Current	t Registered Agent		7. Name and Addr	ess of New Registered A	gent
- total and the same of the sa			Name			
831	BECH, GAIL A 3 W HILLSBOROUGH AVE TE 420	Street Address		ddress (P.O. Box Number is N	ot Acceptable)	
TAN	MPA FL 33615		City		FL	Zip Code
	named entity submits this statement f	or the purpose of changing its re	egistered office o	r registered agent, or both, in t	he State of Florida. I am f	amiliar with, and accept
	5 0					
SIGNATURE						
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: F	Registered Agent signal	ture required when reinstating)	DATE	
Transfer some		9. Election Camp Trust Fund Co	paign Financing	ure required when reinstating) \$5.00 May Be Added to Fees	Make Check Florida Depart	
	Signature, typed or printed name of registered agen FILE: NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Camp Trust Fund Co	paign Financing ntribution.	\$5.00 May Be Added to Fees	Make Check Florida Depart	ment of State
10.	Signature, typed or printed name of registered agen	9. Election Camp Trust Fund Co	paign Financing ntribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Make Check	ment of State ECTORS IN 10
10. TILE	Signature, typed or printed name of registered agen FILE:NOW: FEE IS \$61:25 Due: By May 1; 2004 OFFICERS AND D	9. Election Camp Trust Fund Co	paign Financing ntribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Make Check Florida Depart	ment of State
10.	FILE: NOW: FEE IS \$61.25 Due By May 1, 2004 OFFICERS AND D	9. Election Camp Trust Fund Co	paign Financing ntribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANGE VTD Sobel, David	Make Check Florida Depart S TO OFFICERS AND DIF	ment of State ECTORS IN 10
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FILED

Mar 16, 2004 8:00 am Secretary of State

03-16-2004 90030 047 ****61.25

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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

☐ Delete

8506 Seven Coves CH

Tampa FL 33634

☐ Change

☐ Addition

SIGNATURE: Marily Solvel Marilyn Sobel