

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000002985

1. Entity Name

**DEERFIELD COMMUNITY ASSOCIATION OF TOWN N
COUNTRY INC.**



Principal Place of Business

Mailing Address

P.O. BOX 260296
TAMPA FL 33685-0269

P.O. BOX 260296
TAMPA FL 33685-0269



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-3452620

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PINKERTON, EARL
8908 RICHFIELD CT
TAMPA FL 33634**

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

**FILE NOW 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 **VT** ☐ Delete
NAME **MILLER, BARRY**
STREET ADDRESS **8403 SEVEN COVES CT**
CITY- ST- ZIP **TAMPA FL 33634**

TITLE **PD** ☐ Delete
NAME **PINKERTON, EARL**
STREET ADDRESS **8908 RICHFIELD CT**
CITY- ST- ZIP **TAMPA FL 33634**

TITLE **D** ☐ Delete
NAME **ROHMAN, RAY**
STREET ADDRESS **8507 APRIL SOUND CT**
CITY- ST- ZIP **TAMPA FL 33634**

TITLE **S** ☐ Delete
NAME **POSKITT, ANTOINETTE**
STREET ADDRESS **8808 BELL CREST CT**
CITY- ST- ZIP **TAMPA FL 33634**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP **U00000819246
02/15/08-80076-003 61.25**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Earl W Pinkerton*

Feb-5-08