

2000 UNIFORM BUSINESS REPORT (UBR)

2/22/00-90007-008-\$70.00-\$70.00

DOCUMENT # N99000005628

1. Entity Name

DEER POINT HOMEOWNERS' ASSOCIATION, INC.

FILED

00 MAR 13 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

510 E. ZARAGOZA ST.
PENSACOLA FL 32501

510 E. ZARAGOZA ST.
PENSACOLA FL 32501-6155

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3615829

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

SMITH, G. THOMAS
510 E. ZARAGOZA ST.
PENSACOLA FL 32501

Name

DAVID R. MASON

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

505 DEER POINT DR

City

GULF BREEZE, FL

FL

Zip Code

32561

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10 FEB 2000

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	CUSHING, GARY	493 DEER POINT	GULF BREEZE FL 32561	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	HUTSON, TOM	504 DEER POINT	GULF BREEZE FL 32561	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	HYLAND, CARYL	521 DEER POINT	GULF BREEZE FL 32561	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

SP

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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-00

Date

850-934-1774

Daytime Phone #