

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N99000005628**

1. Entity Name

**DEER POINT HOMEOWNERS' ASSOCIATION, INC.**

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90011 035 \*\*\*\*70.00

Principal Place of Business

**510 E. ZARAGOZA ST.**  
**PENSACOLA, FL 32501**

Mailing Address

**510 E. ZARAGOZA ST.**  
**PENSACOLA, FL 32501**

2. Principal Place of Business

**505 DEER POINT DR.**

Suite, Apt. #, etc.

3. Mailing Address

**505 DEER POINT DR.**

Suite, Apt. #, etc.

**A0032716**

DO NOT WRITE IN THIS SPACE

City & State

**GULF BREEZE FL**

City & State

**GULF BREEZE FL**

4. FEI Number

**593 61 5829**

Applied For

Not Applicable

Zip

**32561**

Country

Zip

**32561**

Country

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DONALD R. MASON**  
**505 DEER POINT DR.**  
**GULF BREEZE, FL 32561**

7. Name and Address of New Registered Agent

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.

SIGNATURE

*Donald R. Mason*

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

(NOTE: Registered Agent signature required when reinstating)

**MARCH 3, 2001**

DATE

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CUSHING, GARY** ☐ Delete  
**493 DEER POINT DR**  
**GULF BREEZE, FL 32561**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**HUTSON, TOM** ☐ Delete  
**504 DEER POINT DR.**  
**GULF BREEZE, FL 32561**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**HYLAND, CARYL** ☐ Delete  
**521 DEER POINT**  
**GULF BREEZE, FL 32561**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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:

*Thomas Ray Hutson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**3-3-01**

Daytime Phone #

**850-934-1724**

CR2E037 (11/00)