


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90523 009 ***150.00

DOCUMENT # P02000017396					
1. Entity Name S/DEERWOOD LAKE COMMONS, INC.					
Principal Place of Business 300 S.E. 2ND STREET FT. LAUDERDALE, FL 33301			Mailing Address 300 S.E. 2ND STREET FT. LAUDERDALE, FL 33301		
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 90-0012264	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JONES, PATRICIA 300 S.E. 2ND STREET FT. LAUDERDALE, FL 33301				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STILES, TERRY W		NAME		
STREET ADDRESS	300 S.E. 2ND STREET		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	EAGON, DOUGLAS P		NAME		
STREET ADDRESS	300 SE 2ND ST		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, PATRICIA		NAME		
STREET ADDRESS	300 SE 2ND ST		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERRERA, ROCCO		NAME		
STREET ADDRESS	300 SE 2ND ST		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STINE, JAMES W		NAME		
STREET ADDRESS	300 SE 2ND ST		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'SHEA, DENNIS P		NAME		
STREET ADDRESS	300 SE 2ND ST		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP		



01122005 Chg-P CR2E034 (10/03)

4. FEI Number
90-0012264

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

JONES, PATRICIA
300 S.E. 2ND STREET
FT. LAUDERDALE, FL 33301

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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	STILES, TERRY W	
STREET ADDRESS	300 S.E. 2ND STREET	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	
TITLE	VT	<input type="checkbox"/> Delete
NAME	EAGON, DOUGLAS P	
STREET ADDRESS	300 SE 2ND ST	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	VS	<input type="checkbox"/> Delete
NAME	JONES, PATRICIA	
STREET ADDRESS	300 SE 2ND ST	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	V	<input type="checkbox"/> Delete
NAME	FERRERA, ROCCO	
STREET ADDRESS	300 SE 2ND ST	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	V	<input type="checkbox"/> Delete
NAME	STINE, JAMES W	
STREET ADDRESS	300 SE 2ND ST	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	V	<input type="checkbox"/> Delete
NAME	O'SHEA, DENNIS P	
STREET ADDRESS	300 SE 2ND ST	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Asst. S Donna Florek
STREET ADDRESS	300 SE 2nd St
CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 607, 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:

Terry W. Stiles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/05 954-627-9300