

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12796

**FILED**  
**Jan 19, 2015**  
**Secretary of State**  
**CC7870631745**

**Entity Name:** THE DEAUVILLE GARDENS, INC.

**Current Principal Place of Business:**

3212 SOUTHEAST 8TH STREET  
APT. A-2  
POMPANO BEACH, FL 33062

**Current Mailing Address:**

3212 SOUTHEAST 8TH STREET  
APT. A-2  
POMPANO BEACH, FL 33062

**FEI Number: 59-1090130**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MORIN-BABINEAU, ANNETTE  
3212 SE 8TH STREET  
APT. A-2  
POMPANO BEACH, FL 33062 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name PORTO, ANDREW PRESIDENT  
Address 3212 SE 8TH STREET, APT. A-3  
APT A3  
City-State-Zip: POMPANO BEACH FL 33062

Title VP  
Name THOMAS, JAMES  
Address 1 FULTON STREET  
City-State-Zip: LUZERNE PA 18709-1498

Title S  
Name CARLEY, SHIRLEY  
Address 3212 SE 8 STREET A-6  
City-State-Zip: POMPANO BEACH FL 33062

Title T  
Name MORIN-BABINEAU, ANNETTE  
Address 97 GOLDENCREST AVE.  
City-State-Zip: WALTHAM MA 02451

Title BM  
Name MCCUEN, MERRY  
Address 3212 SE 8TH STREET B-22  
APT. A5  
City-State-Zip: POMPANO BEACH FL 33062-1498

Title BM  
Name MCCUEN, JOEL  
Address 5456 DUBLIN ROAD  
City-State-Zip: DUBLIN OH 43017

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ANNETTE MORIN-BABINEAU**

**TREASURER**

**01/19/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date