

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728286

(6)

1. Corporation Name

DEER RUN ASSOCIATION, INC.



Principal Place of Business

**10036 SAWGRASS DR #3
PONTE VEDRA BEACH FL 32082
US**

Mailing Address

**P O BOX 1159
PONTE VEDRA BEACH FL 32004
US**

3. Date Incorporated or Qualified
01/18/1974

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MUNCH, DONALD
FOUR SEASON MGMT
10036 SAWGRASS DRIVE, STE 3
PONTE VEDRA BEACH FL 32082**

81

Name

82

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

83

84

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the corporation.

DATE Registered Agent Signature required when renouncing.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	<input type="checkbox"/> DELETE
NAME	SHOULIN, PATRICK	
STREET ADDRESS	9752 DEER RUN DR	
CITY - ST - ZIP	PONTE VEDRA BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MIXON, JOYCE	
STREET ADDRESS	340 DEER RUN DR	
CITY - ST - ZIP	PONTE VEDRA BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SUTTON, CAROLYN	
STREET ADDRESS	242 DEER RUN DRIVE	
CITY - ST - ZIP	PONTE VEDRA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALCHLE, DAVID	
STREET ADDRESS	336 DEER RUN DRIVE	
CITY - ST - ZIP	PONTE VEDRA BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CLARKE, AVERETT KEITH	
STREET ADDRESS	9774 DEER RUN DRIVE	
CITY - ST - ZIP	PONTE VEDRA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ISAMAN, NANCY	
STREET ADDRESS	284 DEER RUN DRIVE	
CITY - ST - ZIP	PONTE VEDRA BEACH FL	

11 TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	John Connolly	
13 STREET ADDRESS	9790 Deer Run Drive	
14 CITY - ST - ZIP	Ponte Vedra Beach, FL 32082	
21 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Mary Ellen Taylor	
23 STREET ADDRESS	280 Deer Run Drive	
24 CITY - ST - ZIP	Ponte Vedra Beach, FL 32082	
31 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Gilbert Dannehower	
33 STREET ADDRESS	272 Deer Run Drive	
34 CITY - ST - ZIP	Ponte Vedra Beach, FL 32082	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Seel, Jerry	
63 STREET ADDRESS	9644 Deer Run Drive South	
64 CITY - ST - ZIP	Ponte Vedra Beach, FL 32082	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone: #

CR2E037 (12/95)