## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

**FILED** Feb 04 1998 8:00am Secretary of State

DEER RUN SPRINGS CONDOMINIUM PROPERTY OWNERS ASS OCIATION, INC.				
Principal Place of Business		Mailing Address	······································	
4353 CORAL SPRINGS DR. P O BOX 8609 CORAL SPRINGS FL 33075		4353 CORAL SPRINGS DR. P O BOX 8609 CORAL SPRINGS FL 33075		3. Date Incorporated or Qualified  01/24/1980  4. FEI Number  Applied For
2- Principal Place of Business		2a. Mailing Address		65-0061792   Not Applicable
21		26		5. Certificate of Status Desired \$8.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State		Trust Fund Contribution
23		28		Yes No
Zip	Country	Zip	Country	8. This corporation owes or has pald the current year Intangible
24	9. Name and Address of Curren	t Registered Agent	30	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
			81 Name	. V. Hame and Addition of New Hogisterou Agent
MONOT PEATER				ress (P.O. Box Number is Not Acceptable)
4357 CORAL SPRINGS DR.			5 Sireet Addi	ess (F.O. Box Number is Not Acceptable)
CORAL SPRINGS FL 33065			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				
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 reg stered 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 age		OTE: Registered Agent signature requir	
12.	OFFICERS AND	D DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	STD PEATTIE MONOZI	T DETERE	1.1 TITLE	L. Change L. Addition
STREET ADDRESS	BEATTIE, MONCZI 4357 CORAL SPRINGS DR.		1.2 NAME	
CITY-ST-ZIP	CORAL SPRINGS FL		1.3 STREET ADDRESS	
TITLE	PD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	Change Addition
NAME	MODRI, ROSE MARIE	und General	2.2 NAME	
STREET ADDRESS	4353 CORAL SPRINGS DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL		2. 4 CITY - ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	Change Addition
NAME	HUDJGENS, JUDITH		3.2 NAME	= - <del>-</del>
STREET ADDRESS	4365 CORAL SPRINGS DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL		3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	The state of the s
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
Street Address			5.3 STREET ADDRESS	
CITY-ST-ZIP		Delete	5.4 CITY - ST - ZIP	Cha I state-
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME OTREET ADORESS			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	ertify that the information supplied wi	th 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 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: