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Jun 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N01213 (0)

1. Corporation Name
DEERFIELD HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 34850 U.S. HIGHWAY 19 NORTH SUITE 201 PALM HARBOR FL 34884	Mailing Address 34850 U.S. HIGHWAY 19 NORTH SUITE 201 PALM HARBOR FL 34884-2156
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2. Principal Place of Business 21 33920 US 19 NORTH Suite, Apt. #, etc. 22 SUITE 390 City & State 23 PALM HARBOR FL Zip 24 34684	2a. Mailing Address 26 33920 US 19 NORTH Suite, Apt. #, etc. 27 SUITE 390 City & State 28 PALM HARBOR FL Zip 29 34684
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3. Date Incorporated or Qualified 02/02/1984	3a. Date of Last Report 08/01/1996
4. FEI Number 59-3234257	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**TORRIE, SCOTT ESO
10220 US HWY 19
SUITE 300
PT RICHEY FL 34668**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

I, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD D	<input type="checkbox"/> DELETE
NAME	RUTENBERG, MARC	
STREET ADDRESS	34850 U.S. HIGHWAY 19 NORTH, SUITE 201	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HICKS, DOTTIE	
STREET ADDRESS	34850 U.S. HIGHWAY 19 NORTH, SUITE 201	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TURPAK, JOHN	
STREET ADDRESS	34850 U.S. HIGHWAY 19 NORTH, SUITE 201	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	NORRIS, WAYNE	
STREET ADDRESS	34850 US HWY 19 NORTH STE. #201	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TREASURER (T)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JEAN GENDRIEN	
1.3 STREET ADDRESS	33920 US 19 N SUITE 390	
1.4 CITY-ST-ZIP	PALM HARBOR, FL 34684	
2.1 TITLE	SECRETARY (T)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CYNTHIA WALSH	
2.3 STREET ADDRESS	33920 US 19 N SUITE 390	
2.4 CITY-ST-ZIP	PALM HARBOR, FL 34684	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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 _____

CR2E037 (9/96)