

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **N05500 (6)**  
1. Corporation Name  
**DEER RUN HOMEOWNERS' ASSOCIATION #14, INC.**

Principal Place of Business Mailing Address  
**% DON ASHER & ASSOCIATES, INC.**  
52 E SOUTH ST ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/05/1984** 3a. Date of Last Report **04/26/1994**  
4. FEI Number **59-2470737** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 **P.O. BOX 3640** 27 **P.O. BOX 3640**  
City & State City & State  
23 **WINTER SPRINGS, FL** 28 **WINTER SPRINGS, FL**  
Zip Country Zip Country  
24 **32708** 25 Country 29 **32708** 30 Country

9. Name and Address of Current Registered Agent  
**ASHER JR., DONALD L.**  
52 E. SOUTH ST.  
ORLANDO FL 32801

10. Name and Address of New Registered Agent  
81 Name **WILLIAM JEFFRIES**  
82 Street Address (P.O. Box Number is Not Acceptable) **237 SOUTH WILDERNESS POINT**  
83  
84 City **CASSELBERRY** FL 85 Zip Code **32707**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **WILLIAM JEFFRIES** *William Jeffries* DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>VD</b>
NAME	<b>GALLINGER, ROBERT</b>
STREET ADDRESS	<b>4045 E. MARYLAND PLACE</b>
CITY-ST-ZIP	<b>CASSELBERRY FL</b>
TITLE	<b>PD</b>
NAME	<b>JEFFRIES, WILLIAM</b>
STREET ADDRESS	<b>237 S WILDERNESS PT</b>
CITY-ST-ZIP	<b>CASSELBERRY FL</b>
TITLE	<b>TD</b>
NAME	<b>DENTON, SUSAN</b>
STREET ADDRESS	<b>4037 W. MARYLAND PLACE</b>
CITY-ST-ZIP	<b>CASSELBERRY FL</b>
TITLE	<b>SD</b>
NAME	<b>BIGHAM, JUNE</b>
STREET ADDRESS	<b>4020 W. MARYLAND PLACE</b>
CITY-ST-ZIP	<b>CASSELBERRY FL</b>
TITLE	<b>A</b>
NAME	<b>ARMSTRONG, LOIS</b>
STREET ADDRESS	<b>3929 JOURNEY COURT</b>
CITY-ST-ZIP	<b>CASSELBERRY FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>STILWELL, JAMES</b>	
2.3 STREET ADDRESS	<b>4064 E. MARYLAND PLACE</b>	
2.4 CITY-ST-ZIP	<b>CASSELBERRY, FL 32707</b>	
3.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>DEAN, SUSAN</b>	
6.3 STREET ADDRESS	<b>4012 W. MARYLAND PLACE</b>	
6.4 CITY-ST-ZIP	<b>CASSELBERRY, FL 32707</b>	

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 118.07(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: *Robert E. Gallinger* **ROBERT E. GALLINGER** 407-609-5770  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DEER RUN HOMEOWNERS' ASSOCIATION #14, INC.**  
**P.O. BOX 3640**  
**WINTER SPRINGS, FLORIDA 32708**

**TITLE: TD**

**ADDITION**

**NAME: EVANS, WILLIAM**

**STREET ADDRESS: 229 S. WILDERNESS PT.**

**CITY-ST-ZIP: CASSELBERRY, FL 32707**