

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
P.O. BOX 3640
ORLANDO FL 32708
US

% DON ASHER & ASSOCIATES
P.O. BOX 3640
ORLANDO FL 32708
US

3. Date Incorporated or Qualified
10/05/1984

3a. Date of Last Report
03/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **DEER RUN HOA #14, INC**
Suite, Apt. #, etc.

26 **DEER RUN HOA #14, INC**
Suite, Apt. #, etc.

4. FEI Number
59-2470737

Applied For
Not Applicable

22 **P.O. Box 3640**
City & State

27 **P.O. Box 3640**
City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 **Winter Springs, FL**
Zip Country

28 **WINTER SPRINGS, FL**
Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **32708**

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29 **32708**

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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JEFFRIES, WILLIAM
237 SOUTH WILDERNESS POINT
CASSELBERRY FL 32707

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

William Jeffries, PROPERTY MANAGER

William Jeffries

1/30/96

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	GALLINGER, ROBERT	
STREET ADDRESS	4045 E. MARYLAND PLACE	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	STILWELL, JAMES	
STREET ADDRESS	4064 E. MARYLAND PLACE	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DENTON, SUSAN	
STREET ADDRESS	4037 W. MARYLAND PLACE	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BIGHAM, JUNE	
STREET ADDRESS	4020 W. MARYLAND PLACE	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARMSTRONG, LOIS	
STREET ADDRESS	3929 JOURNEY COURT	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DEAN, SUSAN	
STREET ADDRESS	4012 W. MARYLAND PLACE	
CITY-ST-ZIP	CASSELBERRY FL	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	EVANS, Chip	
1.3 STREET ADDRESS	229 S. Wilderness PT	
1.4 CITY-ST-ZIP	Casselberry, FL 32707	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 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 in an attachment with an address.

SIGNATURE:

Susan T. Armstrong, LOIS T. ARMSTRONG

1/30/96 (407)6958655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (12/95)