

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 DEER RUN HOA 14, INC. POST OFFICE BOX 3640 WINTER SPRINGS FL 32708 US	Mailing Address DEER RUN HOA 14, INC. POST OFFICE BOX 3640 ORLANDO FL 32708 US
-------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------

3. Date Incorporated or Qualified 10/05/1984		
4. FEI Number 59-2470737	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent
**JEFFRIES, WILLIAM
237 SOUTH WILDERNESS POINT
CASSELBERRY FL 32707**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRICKS, CAROL	1.2 NAME	TUPPER, SHEILA
STREET ADDRESS	4033 CROSSROADS PLACE	1.3 STREET ADDRESS	4029 Crossroads Pl.
CITY-ST-ZIP	CASSELBERRY FL	1.4 CITY-ST-ZIP	Casselberry, FL 32707
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TUPPER, SHEILA	2.2 NAME	DOUGHERTY, MARY ANN
STREET ADDRESS	4029 CROSSROADS PLACE	2.3 STREET ADDRESS	4033 Crossroads Pl.
CITY-ST-ZIP	CASSELBERRY FL	2.4 CITY-ST-ZIP	Casselberry, FL 32707
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, ROCKY	3.2 NAME	
STREET ADDRESS	3965 JOURNEY CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNOWDY, ROBERT	4.2 NAME	
STREET ADDRESS	4145 CROSSROADS PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, LOIS	5.2 NAME	
STREET ADDRESS	3929 JOURNEY COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMB, BESSIE	6.2 NAME	
STREET ADDRESS	284 N WILDERNESS PT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	6.4 CITY-ST-ZIP	

14. I 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: *Robert L Snowdy* / *R. L. Snowdy* 2/20/98 ¹¹⁰² 407-6960963

CP2E037 (10/97)