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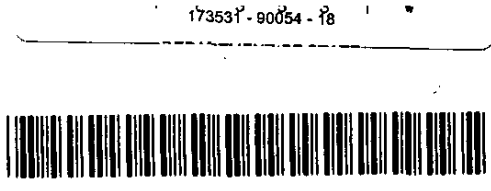
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N05500

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
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2. Principal Place of Business 21 DEER RUN HOA 14, INC	2a. Mailing Address 26 DEER RUN HOA 14, INC.	3. Date Incorporated or Qualified 10/05/1984
Suite, Apt. #, etc. 22 P.O. Box 300187	Suite, Apt. #, etc. 27 P.O. Box 300187	4. FEI Number 59-2470737
City & State 23 FERN PARK, FL	City & State 28 FERN PARK, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required
Zip Country 24 32730-0187 25 US	Zip Country 29 32730-0187 30 US	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 DATE 2/22/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input checked="" type="checkbox"/> DELETE	P TUPPER, SHEILA 4029 CROSSROADS PL CASSELBERRY FL 32707	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	P BOB GALLINGER 4045 E. MARYLAND PL CASSELBERRY, FL 32707
TITLE <input checked="" type="checkbox"/> DELETE	V DOUGHERTY, MARY ANN 9033 CROSSROADS PL CASSELBERRY FL 32707	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	S CAROL PIGGOTT 4011 AUGUST CT. CASSELBERRY FL 32707
TITLE <input type="checkbox"/> DELETE	S BERNSTEIN, ROCKY 3965 JOURNEY CT. CASSELBERRY FL	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	▼
TITLE <input checked="" type="checkbox"/> DELETE	T SNOWDY, ROBERT 4145 CROSSROADS PLACE CASSELBERRY FL	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	T GLORIA ALLEN 4145 E CROSSROADS PL CASSELBERRY, FL 32707
TITLE <input type="checkbox"/> DELETE	D ARMSTRONG, LOIS 3929 JOURNEY COURT CASSELBERRY FL	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D ORLANDO APONTE-RIVERA 4003 AUGUST CT. CASSELBERRY, FL 32707
TITLE <input checked="" type="checkbox"/> DELETE	D LAMB, BESSIE 284 N WILDERNESS PT. CASSELBERRY FL	6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	R JAMES MONTGOMERY 3969 JOURNEY CT. CASSELBERRY, FL 32707

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, with all other like empowered.

SIGNATURE: Robert E. Gallinger SIGNATURE REQUIRED Robert E. Gallinger 2/23/99 407-699-5770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)