

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2001 8:00 am
Secretary of State
 04-13-2001 90057 040 ****61.25

DOCUMENT # N05500
 1. Entity Name
DEER RUN HOMEOWNERS' ASSOCIATION #14, INC.

(VA)

Principal Place of Business Mailing Address
 DEER RUN HOA 14, INC. DEER RUN HOA 14, INC.
 P.O. BOX 300787 P.O. BOX 568846
 FERN PARK FL 32708 FERN PARK FL 32708
 US US
87 W Michigan St Orlando FL 32806
P.O. Box 568846 Orlando FL 32856



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
87 W Michigan St *P.O. Box 568846*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State Orlando FL Orlando FL
 Zip 32806 Country US Zip 568846 Country US

4. FEI Number **59-2470737** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

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

7. Name and Address of New Registered Agent
 Name *PAMELA RENICK WALTERS*
 Street Address (P.O. Box Number is Not Acceptable) *87 West Michigan St*
 City *Orlando* FL Zip Code *32806*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.
 SIGNATURE *Pamela Renick Walters* DATE *March 20 2001*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
 Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | <input checked="" type="checkbox"/> Delete |
| NAME | <i>RUMELY, CAROL Rumely VP</i> |
| STREET ADDRESS | <i>305 N. WILDERNESS RD.</i> |
| CITY-ST-ZIP | <i>CASSELBERRY FL 32707</i> |
| TITLE | <input type="checkbox"/> Delete |
| NAME | <i>S PIGGOTT, CAROL</i> |
| STREET ADDRESS | <i>4011 AUGUST CT</i> |
| CITY-ST-ZIP | <i>CASSELBERRY FL 32707</i> |
| TITLE | <input checked="" type="checkbox"/> Delete |
| NAME | <i>V BERNSTEIN, ROCKY</i> |
| STREET ADDRESS | <i>3965 JOURNEY CT.</i> |
| CITY-ST-ZIP | <i>CASSELBERRY FL</i> |
| TITLE | <input type="checkbox"/> Delete |
| NAME | <i>T ALLEN, GLORIA</i> |
| STREET ADDRESS | <i>4145 CROSS ROADS PL</i> |
| CITY-ST-ZIP | <i>CASSELBERRY FL 32707</i> |
| TITLE | <input type="checkbox"/> Delete |
| NAME | <i>P RIVERA-APONTE, ORLANDO</i> |
| STREET ADDRESS | <i>4003 AUGUST CT</i> |
| CITY-ST-ZIP | <i>CASSELBERRY FL 32707</i> |
| TITLE | <input checked="" type="checkbox"/> Delete |
| NAME | <i>D ARMSTRONG, LOUIS</i> |
| STREET ADDRESS | <i>3929 JOURNEY CT.</i> |
| CITY-ST-ZIP | <i>CASSELBERRY FL 32707</i> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | <i>ROB Beltzel</i> |
| STREET ADDRESS | <i>186 First Way</i> |
| CITY-ST-ZIP | <i>Casselberry, Fla 32707</i> |
| TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | <i>Susan Denton</i> |
| STREET ADDRESS | <i>4837 W. Mally Loop. Alt</i> |
| CITY-ST-ZIP | <i>Casselberry, FLA. 32718</i> |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | <i>Charlotte Thompson</i> |
| STREET ADDRESS | <i>5004 E Maryland Place</i> |
| CITY-ST-ZIP | <i>Casselberry FL 32707</i> |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
 SIGNATURE: *Gloria Allen* REQUIRED *Rob Beltzel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2007 (10/00)