

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90672 005 \*\*\*\*61.25

0088957

**DOCUMENT # N05500**

1. Entity Name

**DEER RUN HOMEOWNERS' ASSOCIATION #14, INC.**

Principal Place of Business

Mailing Address

87 W. MICHIGAN ST.  
 ORLANDO FL 32806  
 US

P.O BOX 568846  
 ORLANDO FL 56-8846  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2470737**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*Walters*  
**WALTERS, PAMELA R**  
**87 WEST MICHIGAN ST.**  
**ORLANDO FL 32806**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUMELY, CAROL	NAME	Bob Miller
STREET ADDRESS	305 N. WILDERNESS RD.	STREET ADDRESS	201 S. Wilderness Point
CITY-ST-ZIP	CASSELBERRY FL 32707	CITY-ST-ZIP	Casselberry FL 32707
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIGGOTT, CAROL	NAME	
STREET ADDRESS	4011 AUGUST CT	STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL 32707	CITY-ST-ZIP	
TITLE	<del>S</del> VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELTZER, ROB	NAME	
STREET ADDRESS	188 POST WAY	STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL 32707	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, GLORIA	NAME	
STREET ADDRESS	4145 CROSS ROADS PL	STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL 32707	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA-APONTE, ORLANDO	NAME	
STREET ADDRESS	4003 AUGUST CT	STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL 32707	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, CHARLOTTE	NAME	
STREET ADDRESS	5004 E. MARYLAND PLACE	STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL 32707	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(3)(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:

*Orlando Rivera*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)