


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2004 8:00 am
Secretary of State

08-17-2004 90001 021 ****61.25

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



Principal Place of Business: 87 W. MICHIGAN ST. ORLANDO, FL 32806 US
 Mailing Address: P.O BOX 568846 ORLANDO, FL 56-8846 US

54068530

DO NOT WRITE IN THIS SPACE



03212003 No Chg-NP CR2E037 (10/03)

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
 WOLTERS, PAMELA R
 87 WEST MICHIGAN ST.
 ORLANDO, FL 32806

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	DC	<i>JANICE DARLING DIRECTOR</i>
NAME	ROSADO, MARIA	<i>4089 CROSSROADS, FL, CASSELBERRY</i>
STREET ADDRESS	4072 E. MARYLAND PL.	
CITY-ST-ZIP	CASSELBERRY, FL 32707	<i>DIRECTOR</i>
TITLE	T	<i>RUMBLEY CAROL</i>
NAME	RUMBLEY, CAROL	<i>TREASURER/SECY.</i>
STREET ADDRESS	PO BOX 181684	
CITY-ST-ZIP	CASSELBERRY, FL 32718	
TITLE	VP	<i>DIRECTOR</i>
NAME	LITTLES, NATALIE	
STREET ADDRESS	4096 E. MARYLAND PL.	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	S	<i>VP./SECRETARY</i>
NAME	CUTTER, JEAN	
STREET ADDRESS	280 N. POST WAY	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	D	<i>DIRECTOR</i>
NAME	FRAAS, JAN	
STREET ADDRESS	904 VERSAILLES CIRCLE	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	D	<i>CHARLOTTE THOMPSON, PRES.</i>
NAME	ROTH, JEAN	<i>5004 E. MARYLAND PL.</i>
STREET ADDRESS	261 N. POST WAY	
CITY-ST-ZIP	CASSELBERRY, FL 32707	<i>CASSELBERRY, FL.</i>

DO NOT WRITE IN THIS SPACE

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: *Charlotte Thompson - CHARLOTTE THOMPSON* Date: *7-26-04* Daytime Phone #: *(407) 6966119*