


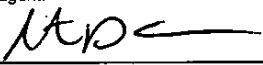

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90381 031 ****61.25

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DOCUMENT # N05500					
1. Entity Name DEER RUN HOMEOWNERS' ASSOCIATION #14, INC.					
Principal Place of Business 1750 W. BROADWAY ST. #118 OVIEDO, FL 32765 US		Mailing Address 1750 W. BROADWAY ST. #118 OVIEDO, FL 32765 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02242005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-2470737	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DAVIS, KEVIN M 1750 W. BROADWAY ST. #118 OVIEDO, FL 32765			Name DON ASHER & ASSOCIATES, INC. Street Address (P.O. Box Number is Not Acceptable) 52 E. SOUTH STREET City ORLANDO, FL FL Zip Code 32801		
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:  DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<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		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUTTER, JEAN K		NAME	FISHER, SUE	
STREET ADDRESS	280 N POST WAY		STREET ADDRESS	4113 CROSSROADS PLACE	
CITY-ST-ZIP	CASSELBERRY, FL 32707		CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSADO, MARIA		NAME	BRIMINGHAM, DIANE	
STREET ADDRESS	4072 E. MARYLAND PL.		STREET ADDRESS	3960 JOURNEY COURT	
CITY-ST-ZIP	CASSELBERRY, FL 32707		CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAAS, JAN		NAME		
STREET ADDRESS	904 VERSAILLES CIR		STREET ADDRESS		
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUMELY, CAROL		NAME	TINNEY, THOMAS	
STREET ADDRESS	P.O. BOX 181684		STREET ADDRESS	4109 CROSSROADS PLACE	
CITY-ST-ZIP	CASSELBERRY, FL 32718		CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARLING, JANICE		NAME		
STREET ADDRESS	400 COPPERSTONE CIR		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:  DATE: _____ DAYTIME PHONE # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					