

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90141 003 \*\*\*\*61.25

001/6347

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

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**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

SIGNATURE *Pamela R. Wolter*

DATE **3/11/03**

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MILLER, BOB</b>	
STREET ADDRESS	<b>201 S WILDERNESS POINT</b>	
CITY-ST-ZIP	<b>CASSELBERRY FL 32707</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PIGGOTT, CAROL</b>	
STREET ADDRESS	<b>4011 AUGUST CT</b>	
CITY-ST-ZIP	<b>CASSELBERRY FL 32707</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BELTZER, ROB</b>	
STREET ADDRESS	<b>186 POST WAY</b>	
CITY-ST-ZIP	<b>CASSELBERRY FL 32707</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ALLEN, GLORIA</b>	
STREET ADDRESS	<b>4145 CROSS ROADS PL</b>	
CITY-ST-ZIP	<b>CASSELBERRY FL 32707</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RIVERA-APONTE, ORLANDO</b>	
STREET ADDRESS	<b>4003 AUGUST CT</b>	
CITY-ST-ZIP	<b>CASSELBERRY FL 32707</b>	
TITLE	<b>President</b>	<input type="checkbox"/> Delete
NAME	<b>THOMPSON, CHARLOTTE</b>	
STREET ADDRESS	<b>5004 E. MARYLAND PLACE</b>	
CITY-ST-ZIP	<b>CASSELBERRY FL 32707</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>DRC Chairman - Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARIA ROSADO</b>	
STREET ADDRESS	<b>4072 E. MARYLAND PL</b>	
CITY-ST-ZIP	<b>CASSELBERRY FL 32707</b>	
TITLE	<b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CAROL RUMBLEY</b>	
STREET ADDRESS	<b>POB-181684</b>	
CITY-ST-ZIP	<b>CASSELBERRY FL 32718</b>	
TITLE	<b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Natalie Little</b>	
STREET ADDRESS	<b>4096 E. Maryland Pl.</b>	
CITY-ST-ZIP	<b>Casselberry, FL 32707</b>	
TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jean Cutter</b>	
STREET ADDRESS	<b>280 N. Post Way</b>	
CITY-ST-ZIP	<b>Casselberry, FL 32707</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jan Fraas</b>	
STREET ADDRESS	<b>904 Versailles Circle</b>	
CITY-ST-ZIP	<b>Maitland, FL 32751</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jean Roth</b>	
STREET ADDRESS	<b>261 N. Post Way</b>	
CITY-ST-ZIP	<b>Casselberry, FL 32707</b>	

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: *Carol Rumbley* **REQUIRED**

**1-9-03 407.303-2800 X1881**

CR2E037 (10/02)