

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N:11577 (6)**  
1. Corporation Name  
**DEER ISLE HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business: P.O. BOX 652 DEERFIELD BEACH FL 33443  
Mailing Address: P.O. BOX 652 DEERFIELD BEACH FL 33443

3. Date Incorporated or Qualified: **10/14/1985**  
3a. Date of Last Report: **07/11/1995**

21	2. Principal Place of Business P.O. Box 652 DEERFIELD BEACH FL	26	2a. Mailing Address	4.	FEI Number 59-2772087	Applied For	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip	30	Country
				8.	This corporation has liability for Intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

MAHONEY, BOB  
757 N.W. 41 TERRACE  
DEERFIELD BEACH FL 33442

81	Name JEFF GEROW
82	Street Address (P.O. Box Number is Not Acceptable) 4800 N. FEDERAL Hwy SUITE 306B
83	
84	City BOCA RATON FL.
85	Zip Code 33491

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Karen Van Matre* KAREN VAN MATRE *Jeff Gerow* JEFF GEROW  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE: 2/21/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P/D
NAME	VAN MARTE, KAREN	1.2 NAME	VAN MATRE, KAREN
STREET ADDRESS	750 NW 42 WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	V-1ST / D
NAME	KELLY, PATRICIA	2.2 NAME	McGVERN, IVETTE
STREET ADDRESS	4185 NW 7 PLACE	2.3 STREET ADDRESS	381 NW 43 WAY
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	2.4 CITY-ST-ZIP	DEERFIELD BEACH, FL. 33442
TITLE	VD	3.1 TITLE	V-2ND / D
NAME	MONIHAN-MITCHELL, TERRY	3.2 NAME	HANLEY, Hugh
STREET ADDRESS	359 NW 43 WAY	3.3 STREET ADDRESS	4197 NW 6 ST
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	3.4 CITY-ST-ZIP	DEERFIELD BEACH, FL. 33442
TITLE	C	4.1 TITLE	T
NAME	LENZ, RANDY	4.2 NAME	MANNARINO, FRANK
STREET ADDRESS	741 NW 42 WAY	4.3 STREET ADDRESS	747 NW 42 WAY
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	4.4 CITY-ST-ZIP	DEERFIELD BEACH, FL. 33442
TITLE	T	5.1 TITLE	S
NAME	NEENAN, TIMOTHY	5.2 NAME	SIMPSON, ALAN
STREET ADDRESS	725 NW 41 WAY	5.3 STREET ADDRESS	4209 NW 6 ST
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	5.4 CITY-ST-ZIP	DEERFIELD BEACH, FL. 33442
TITLE	S	6.1 TITLE	
NAME	MARTIN, KIM	6.2 NAME	
STREET ADDRESS	4191 NW 7 PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Karen Van Matre* KAREN VAN MATRE *2-8-96* 954-426-4272  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)