

FILE NOW: FILING FEE IS \$61.25

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Mar 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N11577 (6)  
1. Corporation Name  
DEER ISLE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business Mailing Address  
P.O. BOX 652 DEERFIELD BEACH FL 33443 P.O. BOX 652 DEERFIELD BEACH FL 33443-0652

3. Date Incorporated or Qualified 10/14/1985		3a. Date of Last Report 03/15/1996	
21. Principal Place of Business		2a. Mailing Address	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.	
23. City & State		28. City & State	
24. Zip		29. Zip	
25. Country		30. Country	
4. FEI Number 59-2772087		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GEROW, JEFFREY 4800 N FEDERAL HWY BOCA RATON FL 33431				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN MARTE, KAREN		1.2 NAME		
STREET ADDRESS	750 NW 42 WAY		1.3 STREET ADDRESS		
CITY - ST - ZIP	DEERFIELD BEACH FL 33442		1.4 CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGOVERN, IVETTE		2.2 NAME		
STREET ADDRESS	381 NW 43 WAY		2.3 STREET ADDRESS		
CITY - ST - ZIP	DEERFIELD BEACH FL 33442		2.4 CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANLEY, HUGH		3.2 NAME		
STREET ADDRESS	4197 NW 6 ST		3.3 STREET ADDRESS		
CITY - ST - ZIP	DEERFIELD BEACH FL 33442		3.4 CITY - ST - ZIP		
TITLE	T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNARINO, FRANK		4.2 NAME		
STREET ADDRESS	747 NW 42 WAY		4.3 STREET ADDRESS		
CITY - ST - ZIP	DEERFIELD BEACH FL 33442		4.4 CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> DELETE	5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON, ALAN		5.2 NAME		
STREET ADDRESS	4209 NW 6 ST		5.3 STREET ADDRESS		
CITY - ST - ZIP	DEERFIELD BEACH FL 33442		5.4 CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> DELETE	6.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOM WINTERS		6.2 NAME	TOM WINTERS	
STREET ADDRESS	4191 NW 6th ST		6.3 STREET ADDRESS	4191 NW 6th ST	
CITY - ST - ZIP	DEERFIELD BEACH FL 33442		6.4 CITY - ST - ZIP	DEERFIELD BEACH FL 33442	

14. I do 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 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 Marte DATE: 3-3-97 DAYTIME PHONE # 954-426-4272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)