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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N11577
 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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/14/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2772087
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent GEROW, JEFFREY 4800 N FEDERAL HWY #307B BOCA RATON FL 33431	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)		DATE
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE <input 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	1.4 CITY-ST-ZIP
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE <input 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	2.4 CITY-ST-ZIP
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONARD, JULIE	3.2 NAME
STREET ADDRESS	4185 NW 6 ST	3.3 STREET ADDRESS
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	3.4 CITY-ST-ZIP
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMPSON, ALAN	4.2 NAME
STREET ADDRESS	4209 NW 6 ST	4.3 STREET ADDRESS
CITY-ST-ZIP	DEERFIELD BEACH FL	4.4 CITY-ST-ZIP
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINTERS, TOM	5.2 NAME
STREET ADDRESS	4191 NW 6TH ST	5.3 STREET ADDRESS
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	5.4 CITY-ST-ZIP
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONAHAN-MITCHELL	6.2 NAME
STREET ADDRESS	359 NW 43 WAY	6.3 STREET ADDRESS
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *Karen Van Marte* **SIGNATURE REQUIRED** 3-10-99 954-426-8228
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-(1/198)