

# 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 # N23051 (8)**

1. Corporation Name

**DEER LAKE RUN HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

POST OFFICE BOX 337  
APOPKA FL 32704

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APOPKA FL 32704



3. Date Incorporated or Qualified  
**10/16/1987**

3a. Date of Last Report  
**11/20/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
**65-0028619**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BEATTY, JOSEPH T.  
% BEATTY AND ASSOCIATES  
1100 DEER GULLEY COURT  
APOPKA FL 32712**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MARKIEWICZ, MARY	
STREET ADDRESS	1179 DEER LAKE CIR.	
CITY-ST-ZIP	APOPKA FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BEATTY, BARBARA A	
STREET ADDRESS	1100 DEER GULLEY CT	
CITY-ST-ZIP	APOPKA FL	
TITLE	<del>VP</del> PRES	<input type="checkbox"/> DELETE
NAME	COX, ELIZABETH	
STREET ADDRESS	1407 DEERLAKE CIR.	
CITY-ST-ZIP	APOPKA FL	
TITLE	<del>ED</del> D	<input type="checkbox"/> DELETE
NAME	MARTIN, MARK	
STREET ADDRESS	1124 DEERLAKE CIR	
CITY-ST-ZIP	APOPKA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAVOLLS, LINDA	
STREET ADDRESS	1149 DEERLAKE CIR.	
CITY-ST-ZIP	APOPKA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COUSE, LAURA	
STREET ADDRESS	DEERLAKE CIR.	
CITY-ST-ZIP	APOPKA FL	

1.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KENNEDY, PAT	
1.3 STREET ADDRESS	1474 DEER LAKE CIRCLE	
1.4 CITY-ST-ZIP	APOPKA, FL	
2.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TIBBITS, DICK	
2.3 STREET ADDRESS	1473 DEER LAKE CIRCLE	
2.4 CITY-ST-ZIP	APOPKA, FL	
3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PYLE, AMY	
3.3 STREET ADDRESS	1184 DEER LAKE CIRCLE	
3.4 CITY-ST-ZIP	APOPKA, FL	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARTIN, MARK	
4.3 STREET ADDRESS	1124 DEER LAKE CIRCLE, APOPKA, FL	
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PITTS, GEORGE	
5.3 STREET ADDRESS	1157 BUCK POINT PASS	
5.4 CITY-ST-ZIP	APOPKA, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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:

*Elizabeth Cox*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/2/96*  
Date

Daytime Phone #

CR2E037 (12/95)