

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995 4-28-95



FLORIDA DEPARTMENT OF STATE  
Sandra F. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 29 PM 7:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N27333 (6)

1. Corporation Name

DEER RUN HOMEOWNERS ASSOCIATION #18, INC.

Principal Place of Business

Mailing Address

297 SAXONY CT.  
WINTER SPRINGS FL 32708  
US

297 SAXONY CT  
WINTER SPRINGS FL 32708  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/11/1988	3a. Date of Last Report 04/29/1994
4. FEI Number 58-2900632	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input checked="" type="checkbox"/> \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.
22	City & State
23	Zip
24	Country

26	Suite, Apt. #, etc.
27	City & State
28	Zip
29	Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOYCE, CRAIG  
293 SAXONY CT.  
WINTER SPRINGS FL 32708

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reappointing.

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	BOYCE, CRAIG
STREET ADDRESS	293 SAXONY CT
CITY - ST - ZIP	WINTER SPRINGS FL
TITLE	TD
NAME	DEATON, JOHN
STREET ADDRESS	297 SAXONY CT
CITY - ST - ZIP	WINTER SPRINGS FL
TITLE	SD
NAME	LANGLOIS, USA
STREET ADDRESS	261 SAXONY CT
CITY - ST - ZIP	WINTER SPRINGS FL
TITLE	VD
NAME	FULLER, MICHAEL
STREET ADDRESS	257 SAXONY CT
CITY - ST - ZIP	WINTER SPRINGS FL
TITLE	D
NAME	HARDY, LIBBY
STREET ADDRESS	272 SAXONY CT
CITY - ST - ZIP	WINTER SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*John E. Deaton*

John E. Deaton

Date

Daytime Phone #

4-24-95 (407)  
699-5017