

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 # **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

3. Date Incorporated or Qualified **07/11/1988** 3a. Date of Last Report **04/28/1995**

2. Principal Place of Business 21 296 Saxony Court Suite, Apt. #, etc. 22 City & State 23 Winter Springs, Fl. Zip 24 32708	2a. Mailing Address 26 296 Saxony Court Suite, Apt. #, etc. 27 City & State 28 Winter Springs, Fl. Zip 29 32708 Country 30 Seminole	4. FEI Number 59-2900632 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 checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**BOYCE, CRAIG
293 SAXONY CT.
WINTER SPRINGS FL 32708**

10. Name and Address of New Registered Agent

81 Name **FERM, Kevin A.**
82 Street Address (P.O. Box Number is Not Acceptable)
296 Saxony Court
83
84 City **Winter Springs** FL 85 Zip Code **32708**

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 *Kevin A. FERM* **Kevin A. FERM, President** 3-27-96
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOYCE, CRAIG 293 SAXONY CT WINTER SPRINGS FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD FERM, Kevin A. 296 Saxony Court Winter Springs, Fl. 32708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEATON, JOHN 297 SAXONY CT WINTER SPRINGS FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	TD BUSH, Valerie 285 Saxony Court Winter Springs, Fl. 32708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LANGLOIS, LISA 261 SAXONY CT WINTER SPRINGS FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SD ZIOMEK, Michael 289 Saxony Court Winter Springs, Fl. 32708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FULLER, MICHAEL 257 SAXONY CT WINTER SPRINGS FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDY, LIBBY 272 SAXONY CT WINTER SPRINGS FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D ORTH, Thomas 281 Saxony Court Winter Springs, Fl. 32708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Valerie Bush* **Valerie Bush, Treasurer** 3-27-96 (407) 263-3942
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)