

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: ~~297~~ SAXONY CT. WINTER SPRINGS FL 32708 US
Mailing Address: ~~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	2a. Mailing Address	4. FEI Number	Applied For
21 296 Saxony Court	26 296 Saxony Court	59-2900632	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 Winter Springs, Fl.	28 Winter Springs, Fl.	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 32708	25 Seminole	29 32708	30 Seminole
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: **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	PD BOYCE, CRAIG <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD FERM, Kevin A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYCE, CRAIG	1.2 NAME	FERM, Kevin A.
STREET ADDRESS	293 SAXONY CT	1.3 STREET ADDRESS	296 Saxony Court
CITY-ST-ZIP	WINTER SPRINGS FL	1.4 CITY-ST-ZIP	Winter Springs, Fl. 32708
TITLE	TD DEATON, JOHN <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD BUSH, Valerie <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEATON, JOHN	2.2 NAME	BUSH, Valerie
STREET ADDRESS	297 SAXONY CT	2.3 STREET ADDRESS	285 Saxony Court
CITY-ST-ZIP	WINTER SPRINGS FL	2.4 CITY-ST-ZIP	Winter Springs, Fl. 32708
TITLE	SD LANGLOIS, LISA <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD ZIOMEK, Michael <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGLOIS, LISA	3.2 NAME	ZIOMEK, Michael
STREET ADDRESS	261 SAXONY CT	3.3 STREET ADDRESS	289 Saxony Court
CITY-ST-ZIP	WINTER SPRINGS FL	3.4 CITY-ST-ZIP	Winter Springs, Fl. 32708
TITLE	VD FULLER, MICHAEL <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULLER, MICHAEL	4.2 NAME	
STREET ADDRESS	257 SAXONY CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	D HARDY, LIBBY <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D ORTH, Thomas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDY, LIBBY	5.2 NAME	ORTH, Thomas
STREET ADDRESS	272 SAXONY CT	5.3 STREET ADDRESS	281 Saxony Court
CITY-ST-ZIP	WINTER SPRINGS FL	5.4 CITY-ST-ZIP	Winter Springs, Fl. 32708
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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)