

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N27333**

1. Entity Name

**DEER RUN HOMEOWNERS ASSOCIATION #18, INC.**

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90046 002 \*\*\*\*61.25

Principal Place of Business <b>296 SAXONY COURT WINTER SPRINGS FL 32708 US</b>	Mailing Address <b>296 SAXONY COURT WINTER SPRINGS FL 32708-4636 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number <b>59-2900632</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**FERM, KEVIN A.  
296 SAXONY COURT  
WINTER SPRINGS FL 32708**

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:  
FEE IS \$61.25**

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

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>PD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FERM, KEVIN A.</b>		NAME	
STREET ADDRESS <b>296 SAXONY COURT</b>		STREET ADDRESS	
CITY-ST-ZIP <b>WINTER SPRINGS FL</b>		CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CHRISTINE FERM</b>		NAME	
STREET ADDRESS <b>296 SAXONY COURT</b>		STREET ADDRESS	
CITY-ST-ZIP <b>WINTER SPRINGS FL</b>		CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ZIOMEK, MICHAEL</b>		NAME	
STREET ADDRESS <b>289 SAXONY COURT</b>		STREET ADDRESS	
CITY-ST-ZIP <b>WINTER SPRINGS FL</b>		CITY-ST-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GEORGE ANTAYA</b>		NAME	
STREET ADDRESS <b>265 SAXONY COURT</b>		STREET ADDRESS	
CITY-ST-ZIP <b>WINTER SPRINGS FL</b>		CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>THOMPSON, BILL</b>		NAME	
STREET ADDRESS <b>257 SAXONY CT</b>		STREET ADDRESS	
CITY-ST-ZIP <b>WINTER SPRINGS FL 32708</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Christine C. FERM* **Christine C. FERM** 2/26/00 4078563566  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)