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Aug 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35154 (6)
1. Corporation Name
DEER RUN OF PALM VIEW HOMEOWNERS ASSOCIATION, IN C.



Principal Place of Business: 6010 22ND AVE. DR. E, PALMETTO FL 34221, US
Mailing Address: 6010 22ND AVE. DR. E, PALMETTO FL 34221-2124, US

3. Date Incorporated or Qualified: 11/13/1989
3a. Date of Last Report: 07/26/1996

2. Principal Place of Business: 5914 22ND AVE DR E
2a. Mailing Address: SAME

4. FEI Number: 65-0219755
Applied For: Not Applicable

22. Suite, Apt. #, etc.:
27. Suite, Apt. #, etc.:

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

23. City & State: PALMETTO, FL
28. City & State:

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

24. Zip: 34221
25. Country: MANATEE
29. Zip:
30. Country:

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

9. Name and Address of Current Registered Agent
SBAFFONI, LOUISE
5919 22ND AVENUE DRIVE EAST
PALMETTO FL 34221

10. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | SMITHWICK, DANIEL | |
| STREET ADDRESS | 6010 22ND AVENUE DRIVE E | |
| CITY-ST-ZIP | PALMETTO FL | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | VINSON, JAMES | |
| STREET ADDRESS | 6030 22ND AVENUE DRIVE E | |
| CITY-ST-ZIP | PALMETTO FL | |
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | CARR, ROBIN | |
| STREET ADDRESS | 5906 22ND AVE DR E | |
| CITY-ST-ZIP | PALMETTO FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------------------|--|
| 1.1 TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | WOODRUFF, WILLIAM | |
| 1.3 STREET ADDRESS | 5914 22ND AVE DR E | |
| 1.4 CITY-ST-ZIP | PALMETTO, FL 34221 | |
| 2.1 TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | SMITHWICK, DANIEL | |
| 2.3 STREET ADDRESS | 6010 22ND AVE DR E | |
| 2.4 CITY-ST-ZIP | PALMETTO, FL 34221 | |
| 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

3/27/97

CR2E037 (9/96)