

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90070 050 ****61.25

DOCUMENT # N35154
 1. Entity Name
DEER RUN OF PALM VIEW HOMEOWNERS ASSOCIATION, IN

Principal Place of Business Mailing Address
601 5 22ND AVE DR E PALMETTO FL 34221 US **601 5 22ND AVE DR E PALMETTO FL 34221 US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0219755** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
JOHNSON, JULIA
6015 22ND AVE DR E
PALMETTO FL 34221

7. Name and Address of New Registered Agent
 Name **Carolyn B. Kutt**
 Street Address (P.O. Box Number is Not Acceptable) **6027 22nd Ave Circle E**
Palmetto
 City **Palmetto** FL Zip Code **34221**

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 **Carolyn B. Kutt** DATE **1-22-01**
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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WOODRUFF, WILLIAM	
STREET ADDRESS	5914 22ND AVE DR E	
CITY-ST-ZIP	PALMETTO FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SMITHWICK, DANIEL	
STREET ADDRESS	6010 22ND AVE DR E	
CITY-ST-ZIP	PALMETTO FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	SBAFFONI, LOUISE	
STREET ADDRESS	5919 22ND AVE DR E	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R. Bruce Kutt	
STREET ADDRESS	6027 22nd Ave Circle E	
CITY-ST-ZIP	Palmetto, FL 34221	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Loretta Brownell	
STREET ADDRESS	6025 22nd Ave Circle E	
CITY-ST-ZIP	Palmetto, FL 34221	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carolyn B Kutt	
STREET ADDRESS	6027 22nd Ave Circle E	
CITY-ST-ZIP	Palmetto, FL 34221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **Carolyn B. Kutt** DATE: **1-22-01** DAYTIME PHONE #: **(941) 723-1944**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)