

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90039 042 ****61.25

DOCUMENT # **N35154**
1. Entity Name
Deer Run of Palmview Homeowners Association, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6033 22nd Ave Cir. E.
Suite, Apt. #, etc.

3. Mailing Address
6033 22nd Ave Cir. E
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Palmetto, FL

City & State
Palmetto, FL

4. FEI Number
650219765

Applied For
 Not Applicable

Zip Country
34221 USA

Zip Country
34221 USA

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Erin King

Street Address (P.O. Box Number is Not Acceptable)
6033 22nd Ave Cir. E.

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 **Erin A King** DATE **4/28/02**
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FEE IS \$61.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY-ST-ZIP	P.D. Kutt, R. Bruce 6027 22nd Ave Cir. E. Palmetto, FL 34221	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Petrasky, Rony 5914 22nd Ave DR E Palmetto, FL 34221	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STO King, Erin 6033 22nd Ave Cir. E Palmetto, FL 34221	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **R. Bruce Kutt** **4-24-02** **(941) 723-1944**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #