

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90357 017 ****61.25

DOCUMENT # N35154

1. Entity Name

DEER RUN OF PALM VIEW HOMEOWNERS ASSOCIATION, IN C.



Principal Place of Business

6033 22ND AVE CIR E
PALMETTO FL 34221
US

Mailing Address

6033 22ND AVE CIR E
PALMETTO FL 34221
US

2. Principal Place of Business

5914-22ND AVENUE DR, E.
Suite, Apt. #, etc.

3. Mailing Address

5914-22ND AVENUE DR, E.
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State

PALMETTO, FL 34221

City & State

PALMETTO, FL

4. FEI Number **65-0219755**

Applied For
Not Applicable

Zip
34221

Country
USA

Zip
34221

Country
USA

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

6. Name and Address of Current Registered Agent

KING, ERIN
6033 22ND AVE CIR E
PALMETTO FL 34221

7. Name and Address of New Registered Agent

Name **PAM PETROSKY**
Street Address (P.O. Box Number is Not Acceptable)
5914-22ND AVENUE DR, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *x Pamela Petrosky*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

x 4-15-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KUTT, R. BRUCE	
STREET ADDRESS	6027 22ND AVE CIRCLE E	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BROWNELL, LORETTA	
STREET ADDRESS	6025 22ND AVE CIRCLE E	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	KUTT, CAROLYN B	
STREET ADDRESS	6027 22ND AVE CIRCLE 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		<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		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RANDY PETROSKY	
STREET ADDRESS	5914-22ND AVENUE DRIVE, E.	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAM PETROSKY	
STREET ADDRESS	5914-22ND AVENUE DRIVE, E.	
CITY-ST-ZIP	PALMETTO, FL 34221	
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: *x*

SIGNATURE Petrosky

x 4-15-03

CR2E037 (10/02)