FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:53

DOCUMENT # **N42484** **(8)**

1. Corporation Name
DEER LAKE CHASE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 573 APOPKA FL 32704-0573	P.O. BOX 573 APOPKA FL 32704-0573

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/08/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3055994 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22 / 27
City & State 23 / 28
Zip 24 / Country 25 / Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LEVIT, ROBERT
901 SOUTHERN OAK LANE
APOPKA FL 32712

10. Name and Address of New Registered Agent

81 Name: Johnny Escribano
82 Street Address (P.O. Box Number is Not Acceptable): 1012 Southern Oak Lane
83
84 City: Apopka FL 85 Zip Code: 32712

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	LEVIT, ROBERT	1.2 NAME	Johnny Escribano	
STREET ADDRESS	901 SOUTHERN OAK LANE	1.3 STREET ADDRESS	1012 Southern Oak Ln	
CITY-ST-ZIP	APOPKA FL 32712	1.4 CITY-ST-ZIP	Apopka FL 32712	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	PRIEBLE, TAMARA	2.2 NAME	Tom Flores	
STREET ADDRESS	922 LIVEOAK LEAF COURT	2.3 STREET ADDRESS	903 Laurel Leaf Ct	
CITY-ST-ZIP	APOPKA FL 32712	2.4 CITY-ST-ZIP	Apopka, FL 32712	
TITLE	TD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	MOE, EARL R.	3.2 NAME	Rick Beltz	
STREET ADDRESS	917 SOUTHERN OAK LANE	3.3 STREET ADDRESS	920 Laurel Leaf Ct	
CITY-ST-ZIP	APOPKA FL 32712	3.4 CITY-ST-ZIP	Apopka FL 32712	
TITLE	SD	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	LUTER, BARBARA	4.2 NAME	Michele Reed	
STREET ADDRESS	924 SOUTHERN OAK LANE	4.3 STREET ADDRESS	904 Laurel Leaf Ct	
CITY-ST-ZIP	APOPKA FL 32712	4.4 CITY-ST-ZIP	Apopka FL 32712	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above or on an attachment with an address.

SIGNATURE: + _____ 3/31/95 (407)886-5004
MONTH/YEAR AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #