


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 24 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> N95000004999 (7) 1. Corporation Name  <b>DEAN'S RESERVE HOMEOWNERS ASSOCIATION INC</b>					
Principal Place of Business <b>5295 Town Center Road Suite 400 Boca Raton, FL 33486</b>			Mailing Address <b>SAME</b>		
<b>2. Principal Place of Business</b> 21 <b>2180 WEST SR 434</b> Suite, Apt #, etc. 22 <b>5000</b> City & State 23 <b>LONGWOOD FL</b> Zip 24 <b>32779</b>		<b>2a. Mailing Address</b> 26 <b>2180 WEST SR 434</b> Suite, Apt #, etc. 27 <b>5000</b> City & State 28 <b>LONGWOOD FL</b> Zip 29 <b>32779</b>		<b>3. Date Incorporated or Qualified</b> 10/19/95 <b>3a. Date of Last Report</b> 1/31/96 <b>4. FEI Number</b> 59-3363478 <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>9. Name and Address of Current Registered Agent</b> <b>Patrick E. Rondeau</b> <b>5295 Town Center Road Suite 400 Boca Raton, Florida 33486</b>			<b>10. Name and Address of New Registered Agent</b> 81 Name <b>JAMES W HART JR</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>SENTRY MANAGEMENT INC</b> 83 <b>2180 WEST SR 434 SUITE 5000</b> 84 City <b>LONGWOOD</b> <b>FL</b> 85 Zip Code <b>32779</b>		
<b>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.</b> SIGNATURE _____ DATE <b>3/3/97</b> Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)					
<b>12. OFFICERS AND DIRECTORS</b>			<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>		
TITLE <b>TD</b> <input type="checkbox"/> DELETE NAME <b>Murray, Alan L.</b> STREET ADDRESS <b>5295 Town Center Rd., Suite 400</b> CITY-ST-ZIP <b>Boca Raton, FL 33486</b>			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <b>PSD</b> <input type="checkbox"/> DELETE NAME <b>Rondeau, Patrick E.</b> STREET ADDRESS <b>5295 Town Center Rd., Suite 400</b> CITY-ST-ZIP <b>Boca Raton, FL 33486</b>			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <b>VD</b> <input type="checkbox"/> DELETE NAME <b>Koscher, Daniel C.</b> STREET ADDRESS <b>5295 Town Center Rd., Suite 400</b> CITY-ST-ZIP <b>Boca Raton, FL 33486</b>			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <b>VD</b> <input type="checkbox"/> DELETE NAME <b>Devor, Donna L.</b> STREET ADDRESS <b>2814 Spring Road, Suite 340</b> CITY-ST-ZIP <b>Atlanta, GA 30339</b>			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
<b>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. 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.</b> <b>Donna L. Devor</b> <b>SIGNATURE:</b> _____ <b>V.P.</b> <b>2/21/97 (770)435-0222</b> Signature and typed or printed name of signing officer or director Date Daytime Phone #					

CR2E037 (9/96)