## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # N44667 (6)				
DEER PARK ASSOCIATION, INC.				
Principal Place of Business Mailing Address				
2180 W SR 434 2180 W SR 434			3. Date Incorporated or Qualified	
BUITE 5000   LONGWOOD FL 32779		\$UITE 5000 LONGWOOD FL 32778		08/13/1991
		CONONOGO ( E 02//3		4. FEI Number Applied For
2. Principal Place of Business 2a. Mailing Address				<b>59-2973449</b> Not Applicable
21 Principal P	1ace of Business	2a. Mailing Address		5. Certificate of Status Desired Fee Required
I Suite. Ant. #. etc. I :		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
22		27		Trust Fund Contribution Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?
23	1 - 0 - 1	26		Yes □ No
Zip 24	Country 25	Zip 29	Country	8. This corporation owes or has paid the current year Intappible Personal Property Tax due June 30. Yes No
24 25 29 30  9. Name and Address of Current Registered Agent			SU	10. Name and Address of New Registered Agent
81 Name				
HART, JAMES W., JR.			82 Street Ad	idress (P.O. Box Number is Not Acceptable)
2180 W SR 434 Suite 5000			83	
LONGWOOD, 32779				
			84 City	FL 85 Zip Code
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.				
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE				
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MAY, HEIDI		1.2 NAME	
STREET ADDRESS	2725 BURWOOD AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	Change Addition
NAME	FLING, STEVE		2.2 NAME	
STREET ADDRESS	2608 BURWOOD AVENEU			2608 Burwood Avenue
CITY-ST-ZIP TITLE	ORLANDO FL SD	DELETE	2.4 CITY-ST-ZIP	Change Addition
NAME	BRENENBORG, MARY		3.2 NAME	C Grante
STREET ADORESS	2724 TOLWORTH AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		3.4. CITY - ST - ZIP	
TITLE		DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		D DELETE	5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME OTOETT LONGERO			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP		tak at 1 feet	6.4 CITY-ST-ZIP	in Continue (40 07/0)//) Florida Chat A.

recept certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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 if changed, or on an attachment with an addgess.

**SIGNATURE:** 

3/4/98

**FILED** 

Apr 14 1998 8:00am

Secretary of State