


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 746395 (3)
1. Corporation Name
DEER RUN PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business 12765 W FOREST HILL SUITE 1302 WELLINGTON FL 33414 US		Mailing Address 12765 W FOREST HILL SUITE 1302 WELLINGTON FL 33414 US		3. Date Incorporated or Qualified 03/22/1979	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-2342738	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24		Country 25		7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip 24		Country 25		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MICHAEL H. NELSON 12765 W FOREST HILL BLVD. SUITE 1302 WELLINGTON FL 33414				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DTS <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILDE, RENATE	1.2 NAME	
STREET ADDRESS	2400 PALM DEER DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL	1.4 CITY-ST-ZIP	
TITLE	R <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LILYCROP, JOHN	2.2 NAME	BRAD WOELLMER
STREET ADDRESS	2199 PALM DEER DR.	2.3 STREET ADDRESS	12765 W FOREST Hill Blvd #1302
CITY-ST-ZIP	LOXAHATCHEE FL	2.4 CITY-ST-ZIP	Wellington, FL 33414
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAVLICK, STEVE	3.2 NAME	12765 W FOREST Hill Blvd #1302
STREET ADDRESS	2070 DOE TRAIL	3.3 STREET ADDRESS	WELLINGTON FL 33414
CITY-ST-ZIP	LOXAHATCHEE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN DETOMA	4.2 NAME	P, D
STREET ADDRESS	2111 LYNN PLACE	4.3 STREET ADDRESS	12765 W Forest Hill Blvd #1302
CITY-ST-ZIP	LOXAHATCHEE FL	4.4 CITY-ST-ZIP	WELLINGTON FL 33414
TITLE	RD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GROSE, PAUL	5.2 NAME	JACK NUSSBAUM
STREET ADDRESS	2858 PALM DEER DRIVE	5.3 STREET ADDRESS	12765 W Forest Hill Blvd #1302
CITY-ST-ZIP	LOXAHATCHEE FL	5.4 CITY-ST-ZIP	Wellington FL 33414
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, MICHAEL	6.2 NAME	
STREET ADDRESS	12765 W FOREST HILL BLVD #1302	6.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL	6.4 CITY-ST-ZIP	

14. 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 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 in an attachment with an address.

SIGNATURE: *Michael H. Nelson* REQUIRED AS 4/15/98 361-753-744

CR2E037 (10/97)