


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90250 008 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000004999					
1. Corporation Name DEAN'S RESERVE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044			Mailing Address 2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/19/1995	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3363478	
24 Country		29 Country		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing				<input type="checkbox"/> Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HART, JR., JAMES W SENTRY MANAGEMENT INC 2180 WEST SR 434, SUITE 5000 LONGWOOD FL 32779				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		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS							
TITLE	SD	XX DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
NAME	FERGUSON, DANNY			1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	C/O BLUEGREEN CORP/5295 TOWN CENTER RD			1.2 NAME	MARSAN, JEAN		
CITY-ST-ZIP	BOCA RATON FL 33486			1.3 STREET ADDRESS	C/O BETTER BUILT/7616 SOUTHLAND BLVD		
				1.4 CITY-ST-ZIP	ORLANDO FL 32809		
TITLE	PD	XX DELETE		2.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RONDEAU, PATRICK E			2.2 NAME	WALLENBERG, JEFF		
STREET ADDRESS	5295 TOWN CENTER RD., STE. 400			2.3 STREET ADDRESS	C/O BETTERBUILT/7616 SOUTHLAND BLVD		
CITY-ST-ZIP	BOCA RATON FL 33486			2.4 CITY-ST-ZIP	ORLANDO FL 32809		
TITLE	TD	XX DELETE		3.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KOSCHER, DANIEL C			3.2 NAME	COLLINS, DONNA		
STREET ADDRESS	5295 TOWN CENTER RD., STE. 400			3.3 STREET ADDRESS	C/O BETTERBUILT/7616 SOUTHLAND BLVD		
CITY-ST-ZIP	BOCA RATON FL 33486			3.4 CITY-ST-ZIP	ORLANDO FL 32809		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 02/24/99 407-856-100

CR2E037 (1/1/98)