FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

Corporation	MENT # 7392 8	33 (0))			
DEER	FORD PROPERTY OWNE	RS' ASSOCIATION	, INC.	<u> </u>		
Principal Place	of Business	Mailing Address				
412 NE 16TH AVENUE STE 130 412 NE 16TH AVENUE PO BOX 1776 PO BOX 1776 GAINESVILLE FL 32601 GAINESVILLE FL 32601						
OMMEGYILL	11 02001	GAINESVILLE FL	. 32001	3. Date Incorporated or Qualified 06/07/1977	3a. Date of Last 02/28/1	
7	ace of Business	2a. Mailing Addres	s	4. FEI Number	+ 	Applied For
Cuito Ant	at nto	26		59-2899586		Not Applicable
Suite, Apt 	#, etc.	Suite, Apt. #, e	tc.	5. Certificate of Status Desired		Additional
City & State)	City & State		Election Campaign Financing		Required
		28		Trust Fund Contribution		O May Be d to Fees
Zip L	Country	Zıp	Country	8. This corporation has liability for inl	angible tax under s.	
l	9. Name and Address of Curre	29 Pagistared Agent	30		Yes No	
	3. Haile and Address of Confe	ent riogistered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
IFF DE	NNIS G					
LEE, DENNIS G. 412 16TH AVE.			82 Street Add	lress (P.O. Box Number is Not Acceptable		
	VILLE FL 32601		83			
			04 0		·	
			84 City		FL 85 Zi	Code
familiar wit	o the provisions of Sections 617,05t ed agent, or both, in the State of Flo th, and accept the obligations of, Se	rida. Such channe was au	inorized by the corporation's boa	oration submits this statement for the purpo and of directors. I hereby accept the appoin	ose of changing its ri ntment as registered	egistered offic agent. I am
familiar wit	ed agent, or both, in the state of Fic th, and accept the obligations of, So Signature, prod or protest forms of registered ag- OFFICERS A	orida: Such change was au ction 617.0503, Florida Sta ant and title it applicable ND DIRECTORS	(NOTE Registered Agent signature require 13.	ard of directors. I hereby accept the appoir	ntment as registered	agent. I am
familiar wit	th, and accept the obligations of, So Signature, typod or protest frame of registered age OFFICERS A	orida. Such change was au ction 617.0503, Florida Sta ant and the it applicable	(NOTE Registered Agent signature require 13. 1.1 TITLE	ard of directors. Thereby accept the appoint	ntment as registered	agent. I am
familiar wit	Signature, typed or protect from Officers A PSD LEE, DENNIS G	orida: Such change was au ction 617.0503, Florida Sta ant and title it applicable ND DIRECTORS	(NOTE Registered Agent signature require 13. 1.1 TITLE 1.2 NAME	ard of directors. Thereby accept the appoint	DATE FRS AND DIRECTO	agent. I am
familiar wit GNATURE _ 2. LE ME	Ch, and accept the obligations of, So Signature, speed or printed name of registered age OFFICERS A PSD LEE, DENNIS G 412 N.E. 16TH AVENUE	orida: Such change was au ction 617.0503, Florida Sta ant and title it applicable ND DIRECTORS	(NOTE Registered Agent signature require 1.1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ard of directors. Thereby accept the appoint	DATE FRS AND DIRECTO	agent. I am
familiar wit GNATURE	Signature, typed or protect from Officers A PSD LEE, DENNIS G	orida: Such change was au ction 617.0503, Florida Sta ant and title it applicable ND DIRECTORS	(NOTE Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-2IP	ard of directors. Thereby accept the appoint	DATE ERS AND DIRECTO Change	RS IN 12
GNATURE CHARLES CHA	Signature, speed or printed name of registered age OFFICERS A PSD LEE, DENNIS G 412 N.E. 16TH AVENUE GAINESVILLE, FL 00000	rida. Such change was au ction 617.0503, Fiorida Sta ant and the if applicable ND DIRECTORS ☐ DELETE	(NOTE Registered Agent signature require 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ard of directors. Thereby accept the appoint	DATE FRS AND DIRECTO	agent. I am
familiar wit	ed agent, or both, in the state of rich, and accept the obligations of, So Signature, typed or printed frame of registered age OFFICERS A PSD LEE, DENNIS G 412 N.E. 16TH AVENUE GAINESVILLE, FL 00000 ASD CHAPMAN, LISA S. 412 N.E. 16TH AVE.	rida. Such change was au ction 617.0503, Fiorida Sta ant and the if applicable ND DIRECTORS ☐ DELETE	(NOTE Registered Agent signature require 13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ard of directors. Thereby accept the appoint	DATE ERS AND DIRECTO Change	RS IN 12
GNATURE SNATURE SEE ADDRESS Y-S1-ZIP FEEL ADDRESS Y-S1-ZIP FEEL ADDRESS	PSD LEE, DENNIS G 412 N.E. 16TH AVENUE GAINESVILLE, FL 00000 ASD CHAPMAN, LISA S. 412 N.E. 16TH AVE. GAINESVILLE FL	ordion 50ch change was au ction 617.0503, Fiorida Sta infland tine if airphitable. ND DIRECTORS DELETE	(NOTE Registered Agent signature require 13. 1.1 TILLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TILLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ard of directors. Thereby accept the appoint	DATE ERS AND DIRECTO Change	RS IN 12
GNATURE 2. LE ME REEL ADDRESS LY-ST-ZIP ME HEEL ADDRESS Y-ST-ZIP LE LE ME LE ME LE ME LE LE LE	PSD LEE, DENNIS G 412 N.E. 16TH AVENUE GAINESVILLE, FL 00000 ASD CHAPMAN, LISA S. 412 N.E. 16TH AVE. GAINESVILLE FL D D	rida. Such change was au ction 617.0503, Fiorida Sta ant and the if applicable ND DIRECTORS ☐ DELETE	(NOTE Registered Agent signature require 13. 1.1 TILLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2.1 TILLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-S1-ZIP 3.1 TILLE	ard of directors. Thereby accept the appoint	DATE ERS AND DIRECTO Change	RS IN 12
GNATURE 2. LEF ME REEL ADDRESS LY-SI-ZIP ME HEEL ADDRESS LY-SI-ZIP LEF ME ME ME ME ME ME ME ME ME	PSD LEE, DENNIS G 412 N.E. 16TH AVENUE GAINESVILLE, FL 00000 ASD CHAPMAN, LISA S. 412 N.E. 16TH AVE. GAINESVILLE FL D ALEXANDER, AMY M	ordion 50ch change was au ction 617.0503, Fiorida Sta infland tine if airphitable. ND DIRECTORS DELETE	(NOTE Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	ard of directors. Thereby accept the appoint	DATE ERS AND DIRECTO Change	Addition
GNATURE 2. LE ME REEL ADDRESS IY-S1-ZIP LE ME HEEL ADDRESS IY-S1-ZIP LE ME HEEL ADDRESS	PSD LEE, DENNIS G 412 N.E. 16TH AVENUE GAINESVILLE, FL 00000 ASD CHAPMAN, LISA S. 412 N.E. 16TH AVE. GAINESVILLE FL D ALEXANDER, AMY M 412 N.E. 16TH AVE.	ordion 50ch change was au ction 617.0503, Fiorida Sta infland tine if airphitable. ND DIRECTORS DELETE	(NOTE Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-2IP 2.1 TITLE 2.2 NAME 2.3 STHEET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	ard of directors. Thereby accept the appoint	DATE ERS AND DIRECTO Change	Addition
GNATURE 2. LE ME REEL ADDRESS Y-S1-ZIP LE ME HEEL ADDRESS Y-S1-ZIP LE ME HEEL ADDRESS Y-S1-ZIP LE ME ME HEEL ADDRESS Y-S1-ZIP	PSD LEE, DENNIS G 412 N.E. 16TH AVENUE GAINESVILLE, FL 00000 ASD CHAPMAN, LISA S. 412 N.E. 16TH AVE. GAINESVILLE FL D ALEXANDER, AMY M	ordion 50ch change was au ction 617.0503, Fiorida Sta infland tine if airphitable. ND DIRECTORS DELETE	(NOTE Registered Agent signature require 13. 11 TILLE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 21 TILLE 22 NAME 23 STREET ADDRESS 2 4 CITY-ST-ZIP 31 TILLE 32 NAME 3.3 STREET ADDRESS 34 CITY-ST-ZIP	ard of directors. Thereby accept the appoint	Change	Addition
GNATURE CONATURE CONATUR	PSD LEE, DENNIS G 412 N.E. 16TH AVENUE GAINESVILLE, FL 00000 ASD CHAPMAN, LISA S. 412 N.E. 16TH AVE. GAINESVILLE FL D ALEXANDER, AMY M 412 N.E. 16TH AVE.	ction 617.0503, Fiorida Standard International Standard International Standard International Interna	(NOTE Registered Agent signature require 13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STHEFT ADDRESS 2 4 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	ard of directors. Thereby accept the appoint	DATE ERS AND DIRECTO Change	Addition
GNATURE CONATURE CONATUR	PSD LEE, DENNIS G 412 N.E. 16TH AVENUE GAINESVILLE, FL 00000 ASD CHAPMAN, LISA S. 412 N.E. 16TH AVE. GAINESVILLE FL D ALEXANDER, AMY M 412 N.E. 16TH AVE.	ction 617.0503, Fiorida Standard International Standard International Standard International Interna	(NOTE Registered Agent signature require 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-2IP 21 TITLE 22 NAME 23 STHEET ADDRESS 2 4 CITY-ST-ZIP 3.1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE	ard of directors. Thereby accept the appoint	Change	Addition
GNATURE CONATURE CONATUR	PSD LEE, DENNIS G 412 N.E. 16TH AVENUE GAINESVILLE, FL 00000 ASD CHAPMAN, LISA S. 412 N.E. 16TH AVE. GAINESVILLE FL D ALEXANDER, AMY M 412 N.E. 16TH AVE.	Ction 617.0503, Fiorida State intand time if applicable. ND DIRECTORS DELETE DELETE	(NOTE Registered Agent signature require 13. 11 TILE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STHEFT ADDRESS 2 4 CITY-ST-ZIP 3.1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 4 2 NAME 4.3 STREET ADDRESS 44 CITY-ST-ZIP	ard of directors. Thereby accept the appoint	Change	Addition
GNATURE CONATURE CONATUR	PSD LEE, DENNIS G 412 N.E. 16TH AVENUE GAINESVILLE, FL 00000 ASD CHAPMAN, LISA S. 412 N.E. 16TH AVE. GAINESVILLE FL D ALEXANDER, AMY M 412 N.E. 16TH AVE.	ction 617.0503, Fiorida Standard International Standard International Standard International Interna	(NOTE Registered Agent signature require 13. 11 TILE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STHEFT ADDRESS 2 4 CITY-ST-ZIP 3.1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 4 2 NAME 4.3 STREET ADDRESS 44 CITY-ST-ZIP	ard of directors. Thereby accept the appoint	Change	Addition
GNATURE 2. LE ME REEL ADDRESS Y-S1-ZIP LE ME HEEL ADDRESS Y-S1-ZIP LE ME HEEL ADDRESS Y-S1-ZIP LE ME ME HEEL ADDRESS Y-S1-ZIP LE ME ME HEEL ADDRESS Y-S1-ZIP LE ME ME HEEL ADDRESS	PSD LEE, DENNIS G 412 N.E. 16TH AVENUE GAINESVILLE, FL 00000 ASD CHAPMAN, LISA S. 412 N.E. 16TH AVE. GAINESVILLE FL D ALEXANDER, AMY M 412 N.E. 16TH AVE.	Ction 617.0503, Fiorida State intand time if applicable. ND DIRECTORS DELETE DELETE	INOTE Repotered Agent signature require 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY-ST-ZIP 3.1 TITLE 32 NAME 3.3 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 4 2 NAME 4.3 STREET ADDRESS 4 4 CITY-ST-ZIP 51 TITLE 52 NAME	ard of directors. Thereby accept the appoint	Change	Addition Addition
GNATURE 2. LE ME REET ADDRESS LY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS	PSD LEE, DENNIS G 412 N.E. 16TH AVENUE GAINESVILLE, FL 00000 ASD CHAPMAN, LISA S. 412 N.E. 16TH AVE. GAINESVILLE FL D ALEXANDER, AMY M 412 N.E. 16TH AVE.	Ction 617.0503, Fiorida State intand time if applicable. ND DIRECTORS DELETE DELETE	INOTE Repotered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	ard of directors. Thereby accept the appoint	Change	Addition Addition
GNATURE 2. ILE IME REEL ADDRESS IY-SI-ZIP LE IME IME INEL ADDRESS IY-SI-ZIP LE IME IME IME IME IME IME IME	PSD LEE, DENNIS G 412 N.E. 16TH AVENUE GAINESVILLE, FL 00000 ASD CHAPMAN, LISA S. 412 N.E. 16TH AVE. GAINESVILLE FL D ALEXANDER, AMY M 412 N.E. 16TH AVE.	Ction 617.0503, Fiorida State Internal line if applicable. ND DIRECTORS DELETE DELETE DELETE	INOTE Repotered Agent signature require 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY-ST-ZIP 3.1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 4 2 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	ard of directors. Thereby accept the appoint	Change	Addition Addition Addition
GNATURE 2. ILE MME HEEL ADDRESS TY-SI-ZIP LE MME HEEL ADDRESS LE MME HEEL ADDRESS LE MME HEEL ADDRESS LE ME ME HEEL ADDRESS LE ME ME HEEL ADDRESS LE ME LE ME HEEL ADDRESS LE ME HEEL ADDRESS LE LE ME HEEL ADDRESS	PSD LEE, DENNIS G 412 N.E. 16TH AVENUE GAINESVILLE, FL 00000 ASD CHAPMAN, LISA S. 412 N.E. 16TH AVE. GAINESVILLE FL D ALEXANDER, AMY M 412 N.E. 16TH AVE.	Ction 617.0503, Fiorida State intand time if applicable. ND DIRECTORS DELETE DELETE	INOTE Registered Agent signature require 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 4 2 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE	ard of directors. Thereby accept the appoint	Change	Addition Addition
GRATURE 2. THE AME TREET ADDRESS TY-ST-ZIP THE AME THEET ADDRESS TY-ST-ZIP THE AME	PSD LEE, DENNIS G 412 N.E. 16TH AVENUE GAINESVILLE, FL 00000 ASD CHAPMAN, LISA S. 412 N.E. 16TH AVE. GAINESVILLE FL D ALEXANDER, AMY M 412 N.E. 16TH AVE.	Ction 617.0503, Fiorida State Internal line if applicable. ND DIRECTORS DELETE DELETE DELETE	INOTE Registered Agent signature recovers to the components of the	ard of directors. Thereby accept the appoint	Change	Addition Addition Addition
ITY-SI-ZIP TREE I ADDRESS TY-SI-ZIP	PSD LEE, DENNIS G 412 N.E. 16TH AVENUE GAINESVILLE, FL 00000 ASD CHAPMAN, LISA S. 412 N.E. 16TH AVE. GAINESVILLE FL D ALEXANDER, AMY M 412 N.E. 16TH AVE. GAINESVILLE FL D ALEXANDER, AMY M 412 N.E. 16TH AVE. GAINESVILLE FL	Chion 617.0503, Fiorida Standard International Standard International Standard International Standard International Standard International Standard International Internat	INDITE Repotered Agent Signature require 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY-ST-ZIP 3.1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 54 CITY-ST-ZIP	ard of directors. Thereby accept the appoint	Change Change Change Change	Addition Addition Addition

cath; 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.

SIGNATURE:

Dentily 6.684

GNATURE AND TYPED OR PRINTED NAMED STORTING OFFICER OR DIRECTOR

TO THE COLOR