

FILE NOW: FILING FEE IS \$61.25

FILED  
May 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 746395 (3)**

1. Corporation Name  
**DEER RUN PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>12765 W FOREST HILL SUITE 1302 WELLINGTON FL 33414 US</b>	Mailing Address <b>12765 W FOREST HILL SUITE 1302 WELLINGTON FL 33414 US</b>
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3. Date Incorporated or Qualified <b>03/22/1979</b>	3a. Date of Last Report <b>04/24/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

4. FEI Number <b>59-2342738</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MICHAEL H. NELSON  
12765 W FOREST HILL BLVD.  
SUITE 1302  
WELLINGTON FL 33414**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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	<b>DTS</b> <input type="checkbox"/> DELETE
NAME	<b>WILDE, RENATE</b>
STREET ADDRESS	<b>2499 PALM DEER DRIVE</b>
CITY-ST-ZIP	<b>LOXAHATCHEE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LILLYCROP, JOHN</b>
STREET ADDRESS	<b>2199 PALM DEER DR.</b>
CITY-ST-ZIP	<b>LOXAHATCHEE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>PAVLICK, STEVE</b>
STREET ADDRESS	<b>2970 DOE TRAIL</b>
CITY-ST-ZIP	<b>LOXAHATCHEE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>JOHN DETOMA</b>
STREET ADDRESS	<b>2111 LYNX PLACE</b>
CITY-ST-ZIP	<b>LOXAHATCHEE FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>GROSE, PAUL</b>
STREET ADDRESS	<b>2858 PALM DEER DRIVE</b>
CITY-ST-ZIP	<b>LOXAHATCHEE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 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	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>AS Michael Nelson</b>
6.3 STREET ADDRESS	<b>12765 W. Forest Hill Blvd #1302</b>
6.4 CITY-ST-ZIP	<b>Wellington FL 33414</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; 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: \_\_\_\_\_ **REQUIRED** **4/21/97** **561-793-7266**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # **0078652**

CR2E037 (9/96)