

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90023 029 ****61.25

DOCUMENT # 746395

1. Entity Name

DEER RUN PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

12765 W FOREST HILL
 SUITE 1302
 WELLINGTON FL 33414
 US

12765 W FOREST HILL
 SUITE 1302
 WELLINGTON FL 33414-4781
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2342738

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KLOSTERMAN, JEFF 12765 W. FOREST HILL BLVD., #1302 WELLINGTON FL 33414	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAVLICK, STEVE 12765 W. FOREST HILL BLVD. #1302 WELLINGTON FL 33414	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHN DETOMA 12765 W. FOREST HILL BLVD. #1302 WELLINGTON FL 33414	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUSSBAUM, JACK 12765 W. FOREST HILL BLVD. #1302 WELLINGTON FL 33414	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS NELSON, MICHAEL 12765 W FOREST HILL BLVD #1302 WELLINGTON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAUL GROSE 12765 W. Forest Hill Blvd #1302 Wellington FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KIM REMEN 12765 W. Forest Hill Blvd. #1302 Wellington FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVE WILLIAMS 12765 W. Forest Hill Blvd #1302 Wellington FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMY HOLLOWAY 12765 W. Forest Hill Blvd #1302 Wellington FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARL SYBEN 12765 W Forest Hill Blvd #1302 Wellington FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 561-799-7866
 Date Daytime Phone #

CR2E037 (9/99)