

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 760021 (6)
1. Corporation Name
DEER PASS ACRES HOMEOWNERS' ASSOCIATION, INC.



CHECK #123

Principal Place of Business: 15295 DEER PASS RD, PUNTA GORDA FL 33955, US
Mailing Address: 15295 DEER PASS RD, PUNTA GORDA FL 33955, US

3. Date Incorporated or Qualified: 09/14/1981
3a. Date of Last Report: 02/06/1995

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

4. FEI Number: 59-2255387
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
HOOKER, WILLIAM J
15295 DEER PASS RD
PUNTA GORDA FL 33955

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: FL

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 | | |
|----------------------------|----------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | GRENEH, TED | |
| STREET ADDRESS | 15205 DEER PASS RD | |
| CITY-ST-ZIP | PONTA GORDA FL | |
| TITLE | VPD | <input checked="" type="checkbox"/> DELETE |
| NAME | WILHELM, MICHAEL | |
| STREET ADDRESS | 15200 DEER PASS ROAD | |
| CITY-ST-ZIP | PONTA GORDA FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | ROYER, SANDRA A | |
| STREET ADDRESS | 15325 DEER PASS ROAD | |
| CITY-ST-ZIP | PUNTA GORDA FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | HOOKEK, WILLIAM J | |
| STREET ADDRESS | 15295 DEER PASS RD | |
| CITY-ST-ZIP | PONTA GORDA FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12 | | |
|--|-----------------------------|--|
| 1.1 TITLE | NAME SPELLING ONLY | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | GRENER, TED | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | BRAULIO J. HERNANDEZ | |
| 2.3 STREET ADDRESS | 15230 DEER PASS ROAD | |
| 2.4 CITY-ST-ZIP | PUNTA GORDA, FLORIDA, 33955 | |
| 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 type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: William G. Hooker 02.08.96 941-637-1109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)