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Via
Reti

FILED
Feb 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J46677

(7)

1. Corporation Name

DEER RUN OF HARDEE, INC. PROPERTY OWNERS ASSOCIA
TION

Principal Place of Business

234 S. 6TH AVENUE
P.O. BOX 1149
WAUCHULA FL 33873-0149

Mailing Address

234 S. 6TH AVENUE
P.O. BOX 1149
WAUCHULA FL 33873-1149

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

12/11/1986

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0129779

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

10. Name and Address of New Registered Agent

DAVIS, JOE L. JR.
234 S. SIXTH AVENUE
P.O. BOX 1149
WAUCHULA FL 33873

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME DAVIS, JOE L. JR.
STREET ADDRESS BOX 1149/234 S. 6TH AVE.
CITY- ST- ZIP WAUCHULA FL

☐ DELETE

TITLE STD
NAME SEE, JAMES V. JR.
STREET ADDRESS BOX 1149/234 S. 6TH AVE.
CITY- ST- ZIP WAUCHULA FL

☐ DELETE

TITLE VD
NAME WINGATE, RUBEN A.
STREET ADDRESS 4938 W. COLONIAL DR.
CITY- ST- ZIP ORLANDO FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

1.1 TITLE VPD
1.2 NAME DAVIS, JOE L. JR.
1.3 STREET ADDRESS 322 Manley Road NE
1.4 CITY- ST- ZIP WAUCHULA, FL 33873

☒ Change ☐ Addition

2.1 TITLE PD
2.2 NAME SEE, JAMES V. JR.
2.3 STREET ADDRESS 107 Oak Forest Drive
2.4 CITY- ST- ZIP WAUCHULA, FL 33873

☒ Change ☐ Addition

3.1 TITLE VD
3.2 NAME WINGATE, RUBEN A.
3.3 STREET ADDRESS 4938 W. COLONIAL DR.
3.4 CITY- ST- ZIP ORLANDO, FL 32808

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

2/4/97

(941) 773-2128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James V. See, Jr.

Date

Daytime Phone

CR2E034 (9/96)