

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90076 021 \*\*\*150.00

**DOCUMENT # J46677**

1. Entity Name  
**DEER RUN OF HARDEE, INC. PROPERTY OWNERS  
ASSOCIATION**



Principal Place of Business  
**234 S. 6TH AVENUE  
P.O. BOX 1149  
WAUCHULA, FL 33873-8149**

Mailing Address  
**234 S. 6TH AVENUE  
P.O. BOX 1149  
WAUCHULA, FL 33873-8149**

**DO NOT WRITE IN THIS SPACE**

02032004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0129779**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD DAVIS, JOE L JR. 322 MANLEY RD NE WAUCHULA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SEE, JAMES V. JR. 707 OAK FOREST DRIVE WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WINGATE, RUBEN A. 670 KISSIMMEE AVE OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DAVIS, JOE L SR 234 S 6TH AVE PO BOX 1149 WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 607, 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 like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-12-04**

Date

**863-773-2128**

Daytime Phone #