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FILED
Jan 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N01800** (4)
1. Corporation Name
DEERHAVEN ASSOCIATION, INC.

Principal Place of Business 47400 NORTHWEST AVE PAISLEY FL 32767 US	Mailing Address 29418 CENTRAL BLVD PAISLEY FL 32767-9478 US
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 03/07/1984	3a. Date of Last Report 01/24/1996
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 23-7282653	Applied For Not Applicable
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CLARK WILMA V.
29418 CENTRAL BLVD
PAISLEY FL 32767**

10. Name and Address of New Registered Agent

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 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 *Wilma V. Clark* **WILMA V. CLARK** **1-17-97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LANCASTER, ARNOLD W	
STREET ADDRESS	29504 CENTRAL BLVD.	
CITY-ST-ZIP	PAISLEY FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MILLER, TOMMY	
STREET ADDRESS	29440 CENTRAL BLVD.	
CITY-ST-ZIP	PAISLEY FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	CLARK, WILMA V	
STREET ADDRESS	29418 CENTRAL BLVD.	
CITY-ST-ZIP	PAISLEY FL 32767	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	BLESSING, TERRIE	
STREET ADDRESS	47027 NORTHWEST AVE.	
CITY-ST-ZIP	PAISLEY FL 32767	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEARMAS, RAYMOND	
STREET ADDRESS	47407 NORTHWEST AVE.	
CITY-ST-ZIP	PAISLEY FL 32767	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RIEDY, DAVID	
STREET ADDRESS	29525 CENTRAL CT.	
CITY-ST-ZIP	PAISLEY FL 32767	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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 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 *Wilma V. Clark* **WILMA V. CLARK** **1-17-97** **3521191249**

CR2E037 (9/96)