
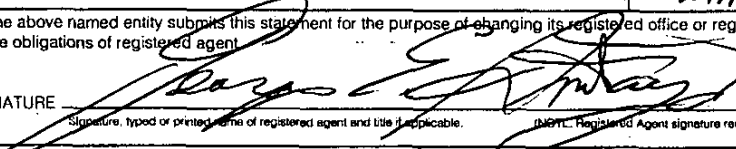


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90044 035 ****61.25

| | | | | | |
|---|--------------------------|--|--|---|--|
| DOCUMENT # N27333 | | | |  | |
| 1. Entity Name DEER RUN HOMEOWNERS ASSOCIATION #18, INC. | | | | | |
| Principal Place of Business 296 SAXONY COURT WINTER SPRINGS, FL 32708 US | | | Mailing Address 296 SAXONY COURT WINTER SPRINGS, FL 32708 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 NOT APPLICABLE <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 1042005 Chg-NP CR2E037 (10/03) | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| FERM, KEVIN A. 296 SAXONY COURT WINTER SPRINGS, FL 32708 | | | | Name George Antaya | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | 265 Saxony Ct | |
| | | | | City Winter Springs | FL 32708 |
| 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  <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE 1-9-05 <small>(Not for Registered Agent signature required when reinstating)</small> | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FERM, KEVIN A. | | NAME | George Antaya | |
| STREET ADDRESS | 296 SAXONY COURT | | STREET ADDRESS | 265 Saxony Ct | |
| CITY-ST-ZIP | WINTER SPRINGS, FL | | CITY-ST-ZIP | Winter Springs, FL 32708 | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHRISTINE FERM | | NAME | | |
| STREET ADDRESS | 296 SAXONY COURT | | STREET ADDRESS | | |
| CITY-ST-ZIP | WINTER SPRINGS, FL | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GEORGE ANTAYA | | NAME | Fazlar Ali | |
| STREET ADDRESS | 265 SAXONY COURT | | STREET ADDRESS | 280 Saxony Ct | |
| CITY-ST-ZIP | WINTER SPRINGS, FL | | CITY-ST-ZIP | Winter Springs, FL 32708 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | John Deaton | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THOMPSON, BILL | | NAME | D | |
| STREET ADDRESS | 257 SAXONY CT | | STREET ADDRESS | 297 Saxony Ct | |
| CITY-ST-ZIP | WINTER SPRINGS, FL 32708 | | CITY-ST-ZIP | Winter Springs, FL 32708 | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ORTH, TOM | | NAME | Jenny Williams | |
| STREET ADDRESS | 281 SAXONY CT | | STREET ADDRESS | 268 Saxony Ct | |
| CITY-ST-ZIP | WINTER SPRINGS, FL 32708 | | CITY-ST-ZIP | Winter Springs, FL 32708 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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 like empowered. | | | | | |
| SIGNATURE: Christine C FERM. Christine C. FERM TD 1/5/05 4076969039 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |