SECOND AMOUNT DUE O	NOTICE: CORPORATION WILL BE N OR BEFORE 8/7/96: \$61.25 (IF DISS	E DISSOLVED ON (OLVED, MINIMUM A	DR AFTER A	NUGUS' TO REIN	T 7, 19 ISTATE:	96. \$236.25.)	<u> </u>	-		<u>.</u>	
NONPROFIT CORPORATION ANNUAL REPORT 1996 FLORIDA DEPARTMENT OF Sandra B. Mortha Secretary of State DIVISION OF CORPORE					m e						
DOCUMENT # N32851 (0)											
DEEN	M'S RANCHES HOMEOWNE	R'S ASSOCIA	TION, INC).			1 1841/101 100 1/1/0 1/401 1/6/01 0/401		6 1 1 1		
Principal Place of Business Mailing Address											
	OTH AVENUE ALE FL 33331		OTH AVENUE ALE FL 3333								
				····			3. Date incorporated or Qualified 06/15/1989	3a. Dat	e of Last 04/27/		
2. Principal P	lace of Business	2a. Mailing Ac	2a. Mailing Address				4. FEI Number 65-0129330	Applied For Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional Required	1
City & Stat	8	City & Stat	City & State				6. Election Campaign Financing Trust Fund Contribution			O May Be d to Fees	1
Zip 24	Country 25	Zip		Cou	intry	······································	This corporation has liability for li Florida Statutes	ntangible t			
	9. Name and Address of Curren	t Registered Agen	t		81 N	lame	10. Name and Address of New Reg	istered A	gent		7
	ER, ROLLY						ess (P.O. Box Number is Not Acceptable	le)			-
	S.W. 170TH AVENUE UDEDALE FL FL 33331-8207				83		oo (4
FI DA	UUCUALE FL FL 33331-0207								1:-1 -		╛
· · · · · · · · · · · · · · · · · · ·					1 1	ity		FL	'	o Code	
office or r agent. La	to the provisions of Sections 617.050 egistered agent, or both, in the State in familiar with, and accept the obligation of the provisions of the provisions of the section of the provisions of the provisions of the provisions of Sections 617.050 in the State in the in the State in the in the State in the in the State in the	2 and 617.1508, Flo of Florida. Such cha ations of, Section 61	rida Statutes ange was aut 7.0503, Flori	, the ab horized da Statu	ove-nai by the stes.	med corpo corporation	oration submits this statement for the pu on's board of directors. I hereby accept	rpose of cl the appoin	nanging i Itment as	ls registered registered	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable	(NOTE:	Registered	d Agent sig	gnature require	ed when reinstaling)	DATE			
12.	T-10071000710111111111111111111111111111	D DIRECTORS	D.C. ETC	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	_		_ફિ
TITLE NAME			DELETE	1.1 TI				Ĺ	Change	Addition	
STREET ADORESS	4720 S.W. 170TH AVENUE			1.2 N/ 1.3 ST	rreet add	RESS					ROE037
CITY-ST-ZIP	FT LAUDERDALE FL				TY-ST-ZII	1					l in
TITLE	SPTD		DELETE	2.1 TI				I	Change	Addition	٦٥
NAME STREET ADORESS	KEHLER, BETSY 4720 S.W. 170TH AVE.			2.2 N/		0500					
CITY-ST-ZIP	FT LAUDERDALE FL				(TY - ST - Z	- 1					
TITLE	SD		DELETE	3.1 TI					Change	Addition	1
NAME	KEHLER, BETSY			3.2 NA							
STREET ADDRESS ! CITY-ST-ZIP	4720 \$ W 170TH AVE. FT LAUDERDALE FL				REET ADD						
TITLE	V		DELETE	4.1 Ti	ITY-ST-ZI TLE	"	, , , , , , , , , , , , , , , , , , , ,		Change	Addition	-
NAME	LAWSON, DAN			4 2 N	AME			-		_	
STREET ADDRESS	17080 S.W. 48TH ST. FT. LAUDERDALE FL			i i	REET ADD						
CITY-ST-ZIP TITLE	FI. LAUDENDALE FL		DELETE	4.4 CI 5 1 TI	TY-ST-ZII Ti f	P		- 1	Change	Addition	4
NAME				52 N				L	Vintrigo		
STREET ADDRESS				53 ST	REET ADD	RESS					
CITY-ST-ZIP	N=W-11		חבו בדב		TY-ST-ZII	p			T &	11	1
TITLE NAMÉ			DELETE	61 TI				Ĺ	Change	Addition	
STREET ADDRESS					rreet add	RESS					
CITY-ST-ZIP				1	TY-ST-ZII	- 1					

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:

BIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylore Phone F

DOING ASSETTION OF THE STATUTE OF