FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 MAR -3 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N42347 (7)

1. Corporation Name

DEER PARK IIC HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 764 NEW PORT RICHEY FL 34656	P O BOX 764 NEW PORT RICHEY FL 34656

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/04/1991
3a. Date of Last Report: 03/07/1994
4. FEI Number: 59-3116989 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DEGUISEPPI, FRANCES
5160 SPIKE HORN DR
NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent

81 Name: RON NECE
82 Street Address (P.O. Box Number is Not Acceptable): 8452 YEARLING LANE
83: #
84 City: NEW PORT RICHEY / 85 FL / Zip Code: 34653

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: x Ronald Nece President — 2-27-95
Signature, type 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	VP	11 TITLE	VP ☒ Change ☐ Addition
NAME	MONTENEGRO, JOSEPH	12 NAME	PETERSON RICHARD
STREET ADDRESS	8558 YEARLING LANE	13 STREET ADDRESS	8453 Red Roe DR.
CITY-ST-ZIP	NEW PORT RICHEY FL	14 CITY-ST-ZIP	New Port Richey FL 34653
TITLE	T	21 TITLE	T ☒ Change ☐ Addition
NAME	KLAWIKEFSKY, JONNY	22 NAME	PAULA KLAWIKOFSKY
STREET ADDRESS	8447 REEF ROE DR	23 STREET ADDRESS	8435 Red Roe DR
CITY-ST-ZIP	NEW PORT RICHEY FL	24 CITY-ST-ZIP	New Port Richey FL 34653
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	FREEMAN, MARY	32 NAME	
STREET ADDRESS	5161 SPIKE HORN DR	33 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	D ☒ Change ☐ Addition
NAME	PETERSON, RICHARD	42 NAME	FRANCES DiGUISEPPI
STREET ADDRESS	8453 RED ROE DR	43 STREET ADDRESS	5160 Spike Horn DR
CITY-ST-ZIP	NEW PORT RICHEY FL	44 CITY-ST-ZIP	New Port Richey FL 34653
TITLE	D	51 TITLE	D ☒ Change ☐ Addition
NAME	FURTADO, ALFRED	52 NAME	ROLANDO NURSE
STREET ADDRESS	8548 RED ROE DR	53 STREET ADDRESS	5123 SPIKE HORN DR.
CITY-ST-ZIP	NEW PORT RICHEY FL	54 CITY-ST-ZIP	NEW PORT RICHEY FL 34653
TITLE	D	61 TITLE	D ☒ Change ☐ Addition
NAME	LAMPARSKY, ROBERT	62 NAME	DEE RINALDI
STREET ADDRESS	8308 ROYAL HART DR	63 STREET ADDRESS	8431 YEARLING LANE
CITY-ST-ZIP	NEW PORT RICHEY FL	64 CITY-ST-ZIP	NEW PORT RICHEY FL 34653

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)(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: Paula Klawikofsky — 2-14-95 — 372-9473
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN AS OFFICER OR DIRECTOR — Date — Daytime Phone #
Paula Klawikofsky

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