

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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**

3. Date Incorporated or Qualified **03/04/1991** 3a. Date of Last Report **03/03/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.	<b>59-3118989</b>	<input type="checkbox"/> Not Applicable
<b>22</b> City & State	<b>27</b> City & State	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>23</b> Zip	<b>28</b> Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>24</b> Country	<b>29</b> Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>*NEGE, RON</b> <b>8452 YEARLING LANE</b> <b>NEW PORT RICHEY FL 34653</b>	<b>81</b> Name <b>PRESIDENT</b> <b>82</b> Street Ac <b>JAMES BALLARD</b> <b>83</b> <b>8431 ROYAL HART DRIVE</b> <b>84</b> City <b>NEW PORT RICHEY, FL. 34653</b> <b>85</b> Zip Code <b>L</b>

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE **6-7-96**

12. OFFICERS AND DIRECTORS	13. VICE PRESIDENT	14. DIRECTORS IN 12
<b>TITLE</b> <b>VP</b> <input checked="" type="checkbox"/> DELETE	<b>1.1 TITLE</b> <b>JOE MACEDA</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b> <b>PETERSON, RICHARD</b>	<b>1.2 NAME</b> <b>5227 SPIKE HORN DRIVE</b>	
<b>STREET ADDRESS</b> <b>8453 REN ROE DR</b>	<b>1.3 STREET ADDRESS</b> <b>NEW PORT RICHEY, FL. 34653</b>	
<b>CITY - ST - ZIP</b>		
<b>TITLE</b> <input checked="" type="checkbox"/> DELETE	<b>2.1 TITLE</b> <b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b> <b>KLAWIKOFSKY, PAULA</b>	<b>2.2 NAME</b> <b>MIKE DELLAVECCHIA</b>	
<b>STREET ADDRESS</b> <b>8435 RED ROE DR</b>	<b>2.3 STREET ADDRESS</b> <b>5029 SPIKE HORN DRIVE</b>	
<b>CITY - ST - ZIP</b>	<b>2.4 CITY - ST - ZIP</b> <b>NEW PORT RICHEY, FL. 34653</b>	
<b>TITLE</b> <input checked="" type="checkbox"/> DELETE	<b>3.1 TITLE</b> <b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b> <b>FREEMAN, MARY</b>	<b>3.2 NAME</b> <b>TIM NEWMAN</b>	
<b>STREET ADDRESS</b> <b>5161 SPIKE HORN DR</b>	<b>3.3 STREET ADDRESS</b> <b>8417 YEARLING LANE</b>	
<b>CITY - ST - ZIP</b>	<b>3.4 CITY - ST - ZIP</b> <b>NEW PORT RICHEY, FL. 34653</b>	
<b>TITLE</b> <input checked="" type="checkbox"/> DELETE	<b>4.1 TITLE</b> <b>DIRECTOR AT LARGE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b> <b>DIGUISEPPY, FRANCES</b>	<b>4.2 NAME</b> <b>JOE MONTENEGRO</b>	
<b>STREET ADDRESS</b> <b>5180 SPIKE HORN DR</b>	<b>4.3 STREET ADDRESS</b> <b>8558 YEARLING LANE</b>	
<b>CITY - ST - ZIP</b>	<b>4.4 CITY - ST - ZIP</b> <b>NEW PORT RICHEY, FL. 34653</b>	
<b>TITLE</b> <input checked="" type="checkbox"/> DELETE	<b>5.1 TITLE</b> <b>DIRECTOR AT LARGE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> <b>NURSE, ROLANDO</b>	<b>5.2 NAME</b> <b>JOE POLITANO</b>	
<b>STREET ADDRESS</b> <b>5123 SPIKE HORN DR</b>	<b>5.3 STREET ADDRESS</b> <b>8460 RED ROE DRIVE</b>	
<b>CITY - ST - ZIP</b>	<b>5.4 CITY - ST - ZIP</b> <b>NEW PORT RICHEY, FL. 34653</b>	
<b>TITLE</b> <input checked="" type="checkbox"/> DELETE	<b>6.1 TITLE</b>	
<b>NAME</b> <b>RINALDI, DEE</b>	<b>6.2 NAME</b>	
<b>STREET ADDRESS</b> <b>8431 YCARLING LANE</b>	<b>6.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>6.4 CITY - ST - ZIP</b>	

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: *[Signature]* DATE **6-7-96** DAYTIME PHONE # **813-372-7670**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)