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Mar 09 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
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  
4. FEI Number  
59-3118989  
Applied For  
Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No  
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAMES BALLARD  
8431 ROYAL HART DR.  
NEW PORT RICHEY FL 34653

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 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 VP  
NAME JOE MACEDA  
STREET ADDRESS 5227 SPIKE HORN DR.  
CITY-ST-ZIP NEW PORT RICHEY FL  
TITLE  
NAME MIKE DELLVECCHIA  
STREET ADDRESS 5029 SPIKE HORN DR.  
CITY-ST-ZIP NEW PORT RICHEY FL  
TITLE  
NAME TIM NEWMAN  
STREET ADDRESS 8417 YEARNING LANE  
CITY-ST-ZIP NEW PORT RICHEY FL  
TITLE  
NAME JOE MONTENEGRO  
STREET ADDRESS 8558 YEARNING LANE  
CITY-ST-ZIP NEW PORT RICHEY FL  
TITLE  
NAME JOE POLITANO  
STREET ADDRESS 8480 RED ROE SR.  
CITY-ST-ZIP NEW PORT RICHEY FL  
TITLE  
NAME JAMES BALLARD  
STREET ADDRESS 8431 ROYAL HART DR.  
CITY-ST-ZIP NEW PORT RICHEY FL

13. DIRECTORS AND DIRECTORS IN 12  
1.1 TITLE Director  
1.2 NAME Diane Remail  
1.3 STREET ADDRESS 8518 Yearling Lane  
1.4 CITY-ST-ZIP New Port Richey, Fl. 34653  
2.1 TITLE Director  
2.2 NAME Ron Raquet  
2.3 STREET ADDRESS 5145 Spike Horn Drive  
2.4 CITY-ST-ZIP New Port Richey, Fl. 34653  
3.1 TITLE Director  
3.2 NAME Lou Gamboa  
3.3 STREET ADDRESS 8555 Yearling Lane  
3.4 CITY-ST-ZIP New Port Richey, Fl. 34653  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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:

JAMES BALLARD PRESIDENT

3/3/98

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372-7670

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