FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **N42777** **(5)**

1. Corporation Name

DEER TRAILS NORTH PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10479 STEVEN DRIVE POLK CITY FL 33868 US	10479 STEVEN DRIVE POLK CITY FL 33868 US

3. Date Incorporated or Qualified: **03/22/1991**

3a. Date of Last Report: **03/02/1995**

4. FEI Number: **53-3126191** ☐ 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

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 10473 Steven Dr	26 10473 Steven Dr.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Polk city, FL	28 City & State: Polk City, FL
24 Zip: 33868 25 Country: U.S.	29 Zip: 33868 30 Country: U.S.

9. Name and Address of Current Registered Agent

PERKINS, LOUIE
10479 STEVEN DRIVE
POLK CITY FL 33868

10. Name and Address of New Registered Agent

81 Name: Brook Peabody
82 Street Address (P.O. Box Number is Not Acceptable): 10473 Steven Dr
83
84 City: Polk City **FL** 85 Zip Code: 33828

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: Brook Peabody Brook Peabody PD 4-5-96
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	PD	☒ DELETE
NAME	PERKINS, LOUIE	
STREET ADDRESS	10479 STEVEN DRIVE	
CITY-ST-ZIP	POLK CITY FL	
TITLE	D	☐ DELETE
NAME	CAULEY, MARLON	
STREET ADDRESS	10431 STEVEN DRIVE	
CITY-ST-ZIP	POLK CITY FL	
TITLE	STD	☐ DELETE
NAME	PEABODY, BROOK	
STREET ADDRESS	10473 STEVEN DRIVE	
CITY-ST-ZIP	POLK CITY FL	
TITLE	VD	☒ DELETE
NAME	GRUVER, WILBUR	
STREET ADDRESS	10410 STEVEN DRIVE	
CITY-ST-ZIP	POLK CITY FL	
TITLE	D	☒ DELETE
NAME	CHESTSHIRE, WAYNE	
STREET ADDRESS	10417 STEVEN DRIVE	
CITY-ST-ZIP	POLK CITY FL	
TITLE	D	☐ DELETE
NAME	MERRILL, HENRY	
STREET ADDRESS	10230 STEVEN DRIVE	
CITY-ST-ZIP	POLK CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	Brook Peabody	
1.3 STREET ADDRESS	10473 Steven Dr.	
1.4 CITY-ST-ZIP	Polk City, Fl 33868	
2.1 TITLE	D	☐ Change ☐ Addition
2.2 NAME	Marlon Cauley	
2.3 STREET ADDRESS	10431 Steven Dr.	
2.4 CITY-ST-ZIP	Polk City, FL 33868	
3.1 TITLE	STD	☒ Change ☒ Addition
3.2 NAME	Marilyn Oden	
3.3 STREET ADDRESS	10482 Steven Dr	
3.4 CITY-ST-ZIP	Polk city, FL 33868	
4.1 TITLE	VD	☐ Change ☒ Addition
4.2 NAME	Ricky Riggs	
4.3 STREET ADDRESS	10260 Steven Dr.	
4.4 CITY-ST-ZIP	Polk city, FL 33868	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	Steve Hammock	
5.3 STREET ADDRESS	10455 Steven Dr	
5.4 CITY-ST-ZIP	Polk city, Fl 33868	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: Brook Peabody Brook Peabody PD 4-5-96 941-444-2890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #