

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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

**10473 STEVEN DR
POLK CITY FL 33868
US**

**10473 STEVEN DR
POLK CITY FL 33868-9383
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/22/1991		3a. Date of Last Report 04/09/1996	
21		26		4. FEI Number 53-3126191		Applied For Not Applicable	
22 Suite, Apt. #, etc. 10458 Steven Dr.		27 Suite, Apt. #, etc. 10458 Steven Dr.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State POLK City, FL		28 City & State POLK City, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip 33868		25 County POLK		29 Zip 33868		30 County POLK	

9. Name and Address of Current Registered Agent

**PEABODY, BROOK
10473 STEVEN DR
POLK CITY FL 33868**

10. Name and Address of New Registered Agent

81 Name
Dennis Culver
82 Street Address (P.O. Box Number is Not Acceptable)
10458 Steven Dr.
83
POLK City
84 City

FL 85 Zip Code
33868

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 *Dennis Culver*

Signature, typed 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	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEABODY, BROOK			1.2 NAME	Dennis Culver		
STREET ADDRESS	10473 STEVEN DR			1.3 STREET ADDRESS	10458 Steven Dr.		
CITY-ST-ZIP	POLK CITY FL			1.4 CITY-ST-ZIP	POLK City, FL 33868		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAULEY, MARLON			2.2 NAME	Running Bear WELLS		
STREET ADDRESS	10431 STEVEN DRIVE			2.3 STREET ADDRESS	10440 Steven Dr.		
CITY-ST-ZIP	POLK CITY FL			2.4 CITY-ST-ZIP	POLK City, FL 33868		
TITLE	STD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEABODY, BROOK			3.2 NAME	Steve Hammock		
STREET ADDRESS	10473 STEVEN DRIVE			3.3 STREET ADDRESS	10455 Steven Dr. (P.O. Box 1544)		
CITY-ST-ZIP	POLK CITY FL			3.4 CITY-ST-ZIP	POLK City, FL 33868		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAULEY, MARLON			4.2 NAME			
STREET ADDRESS	10431 STEVEN DR			4.3 STREET ADDRESS			
CITY-ST-ZIP	POLK CITY FL			4.4 CITY-ST-ZIP			
TITLE	STD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ODEN, MARILYN			5.2 NAME			
STREET ADDRESS	10482 STEVEN DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	POLK CITY FL			5.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIGGS, RICKY			6.2 NAME			
STREET ADDRESS	10361 STEVEN DR			6.3 STREET ADDRESS			
CITY-ST-ZIP	POLK CITY FL			6.4 CITY-ST-ZIP			

14. I do 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.

CR2E037 (9/96)