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NONPROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

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May 19 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44667

(6)

DEER PARK ASSOCIATION, INC.

| Principal Place 2180 W SR 434 SUITE 5000 LONGWOOD FL | | Mailing Address 2180 W SR 434 SUITE 5000 LONGWOOD FL 32779-5044 | SR 434 000 | | | | | | |
|---|---|--|------------------------|----------------|---|--|------------------------------|--|--|
| | | | | | 3. Date Incorporated or Qualified 08/13/1991 | 3a. Date of Last R 05/01/199 | eport 6 | | |
| 2. Principal Pi 21 | ace of Business | 2a. Mailing Address | | | 4. FEI Number 59-2973449 | | oplied For | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 | | | |
| City & State |) | City & State | | | Election Campaign Financing Trust Fund Contribution | \$5.00 Added | May Be | | |
| Zip | Country | Zip | Country | | 8. This corporation has liability for i | | | | |
| 24 | 9. Name and Address of Currer | | 30 | | | Yes No | · ****** | | |
| | 9. Name and Address of Currer | it registered Agent | 81 | Name | 10. Name and Address of New Re | Jistered Agent | | | |
| 2180 W S SUITE 50 | | | 82 83 | Street A | ddress (P.O. Box Number is Not Acceptab | | | | |
| LONGINO | 05, 02110 | | 84 | City | | FL 85 Zip | Code | | |
| office or re | o the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the oblig | i of Florida. Such change was ai | uthorized by | the corpo | corporation submits this statement for the p oration's board of directors. I hereby accep | urpose of changing It it the appointment as | s registered registered | | |
| SIGNATURE _ | Signature, typed or printed name of registered age | ent and title if applicable. (NOTE | : Registered Age | nt signature r | equired when reinstating) | DATE | | | |
| 12, | | D DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFIC | ERS AND DIRECTOR | IS IN 12 | | |
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | \$D | ☐ Change | Addition | | |
| NAME | MAY, HEIDI | | 1.2 NAME | | MARY BRENENBORG | | | | |
| STREET ADDRESS | 2725 BURWOOD AVENUE | | 1.3 STREET | | 2724 TOLWORTH AVENU | JE | | | |
| CITY-ST-ZIP TITLE | ORLANDO FL VD | DELETE | 1.4 CITY-S | r-ziP | ORLANDO, FL 32837 | Change | Addition | | |
| NAME | FLING, STEVE | | 22 NAME | | | Onlinge | receitor | | |
| STREET ADDRESS | 2608 BURWOOD AVENEU | | 2.3 STREET | ADDRESS | | • | | | |
| CITY-ST-ZIP | ORLANDO FL | | 2.4 CITY-S | | | | | | |
| TULE | | | 3.1 TITLE | - | | ☐ Change | Addition | | |
| NAME | MAY, HEIDI | | 3.2 NAME | ŀ | | | | | |
| STREET ADDRESS | 2725 BURWOOD | | 3.3 STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | ORLANDO FL | | 3.4. CITY - S | T-ZIP | | | | | |
| TITLE | | ☐ DELETÉ | 4.1 TITLE | | | ☐ Change | Addition | | |
| NAME | | | 4. 2 NAME | | | | | | |
| STREET ADDRESS | | | 4.3 STREET | | | | | | |
| CITY - ST - ZIP | | DELETE | 4.4 CITY - S | -ZIP | | ☐ Change | Addition | | |
| TITLE NAME | | L. DELETE | 5.1 TITLE 5.2 NAME | | | Change | LI MOURION | | |
| STREET ADDRESS | | | 5.2 NAME 5.3 STREET | AUDDEGG | | | | | |
| CITY-ST-ZIP | | | 5.4 CITY - S | | | | | | |
| TITLE | | DELETE | 6.1 TITLE | 4,11 | | Change | Addition | | |
| NAME | | | 6.2 NAME | ļ | | | | | |
| STREET ADDRESS | | | 6.3 STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | | | 6.4 CITY - S | | | | | | |
| 14. I do hereb information I am an of appears in | y certify that the information supplie n indicated on this annual report or a ficer or director of the corporation or n Block 12 or Block 13 if changed, a | d with this filing does not qualify supplemental annual report is tri the receiver or fustee empower r on an attaghysent with an addi | for the exer | notion st | ated in Section 119.07(3)(i), Florida Statutes that my signature shall have the same lega sport as required by Chapter 617, Florida S | s. I further certify that I effect as if made und tatutes; and that my n | the der oath; tha name | | |