

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 # N46765 (6)
1. Corporation Name
DEERSONG HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**124 DEER SONG DR
WINTER SPRINGS FL 32708
US**

Mailing Address
**P.O. BOX 533116
ORLANDO FL 32853**

3. Date Incorporated or Qualified **01/09/1992** 3a. Date of Last Report **04/05/1995**

4. FEI Number **59-3243900** 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
21 **271 SAN GABRIEL ST**
Suite, Apt. #, etc.
22
City & State
23 **WINTER SPRINGS FL**
Zip **32708** Country **US**

2a. Mailing Address
26 **271 SAN GABRIEL ST**
Suite, Apt. #, etc.
27
City & State
28 **WINTER SPRINGS, FL**
Zip **32708** Country **US**

9. Name and Address of Current Registered Agent

**SABETI, HOUSHANG
132 E. COLONIAL DRIVE, SUITE 206
ORLANDO FL 32803**

10. Name and Address of New Registered Agent

81 Name **KIMBERLY BUTLER**
82 Street Address (P.O. Box Number is Not Acceptable) **325 SAN GABRIEL ST**
83
84 City **WINTER SPRINGS** FL 85 Zip Code **32708**

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 **KR Butler** **KIMBERLY R BUTLER** 1-22-96
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	D	☒ DELETE
NAME	SABETI, HOUSHANG	
STREET ADDRESS	132 E. COLONIAL DRIVE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	☐ DELETE
NAME	KIMBERLY BUTLER	
STREET ADDRESS	325 SAN GABRIEL ST	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	D	☒ DELETE
NAME	SABETI, MANSOUR	
STREET ADDRESS	132 E. COLONIAL DRIVE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	TD	☒ DELETE
NAME	DISCH, KENNETH B	
STREET ADDRESS	124 DEER SONG DR	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/O	☒ Change ☐ Addition
1.2 NAME	KIMBERLY BUTLER	
1.3 STREET ADDRESS	325 SAN GABRIEL ST	
1.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
2.1 TITLE	V/O	☐ Change ☒ Addition
2.2 NAME	JACQUELIN GIESLER	
2.3 STREET ADDRESS	278 SAN GABRIEL ST	
2.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
3.1 TITLE	S/O	☐ Change ☒ Addition
3.2 NAME	LINDA HITES	
3.3 STREET ADDRESS	302 SAN GABRIEL ST	
3.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
4.1 TITLE	T/O	☐ Change ☒ Addition
4.2 NAME	TAMMY GROSS	
4.3 STREET ADDRESS	126 DEER SONG DR	
4.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
5.1 TITLE	C/O	☐ Change ☒ Addition
5.2 NAME	JEAN RENDALL	
5.3 STREET ADDRESS	231 SAN GABRIEL ST	
5.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: **KR Butler** **KIMBERLY R BUTLER** **PRESIDENT** 1-22-96 407-327-7211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)