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Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N49872** (7)
1. Corporation Name
DEER RUN ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 319 BUCK TRAIL DAVENPORT FL 33837	Mailing Address 319 BUCK TRAIL DAVENPORT FL 33837
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3. Date Incorporated or Qualified 07/13/1992
4. FEI Number 59-3168528
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Same	2a. Mailing Address 26 P.O. Box 853
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27 LOUGHMAN FL
City & State	City & State
23	28
Zip	Country
24	29 33858
25	30 FL

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A

9. Name and Address of Current Registered Agent WEST, BETTY 319 BUCK TRAIL DAVENPORT FL 33837

10. Name and Address of New Registered Agent
81 Name SAME
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 Betty L. West Betty L. West 1/7/1998
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	ST <input type="checkbox"/> DELETE
NAME	SONGER, BONNIE JO
STREET ADDRESS	312 DOE DRIVE
CITY-ST-ZIP	DAVENPORT FL 33837
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SCHWEERS, CONNIE
STREET ADDRESS	111 BUCK TRAIL
CITY-ST-ZIP	DAVENPORT FL 33837
TITLE	P <input type="checkbox"/> DELETE
NAME	WEST, BETTY
STREET ADDRESS	319 BUCK TRAIL
CITY-ST-ZIP	DAVENPORT FL 33837
TITLE	D <input type="checkbox"/> DELETE
NAME	RIELLY, ED
STREET ADDRESS	125 BUCK TRAIL
CITY-ST-ZIP	DAVENPORT FL 33837
TITLE	D <input type="checkbox"/> DELETE
NAME	SCHULZ, PATRICIA
STREET ADDRESS	227 BUCK TRAIL
CITY-ST-ZIP	DAVENPORT FL 33837
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BONNIE JO SONGER
1.3 STREET ADDRESS	312 DOE DR.
1.4 CITY-ST-ZIP	DAVENPORT FL 33837
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	President-D <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Betty L. West
3.3 STREET ADDRESS	319 BUCK TRAIL
3.4 CITY-ST-ZIP	DAVENPORT FL 33837
4.1 TITLE	Vice-President-D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ED RIELLY
4.3 STREET ADDRESS	125 BUCK TRAIL
4.4 CITY-ST-ZIP	DAVENPORT FL 33837
5.1 TITLE	Treasurer-D-Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PATRICIA SCHULZ
5.3 STREET ADDRESS	227 BUCK TRAIL
5.4 CITY-ST-ZIP	DAVENPORT, FL 33837
6.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	KAREN HINES
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: Betty L. West Betty L. West President 11/6/1998

CR2E037 (10/97)