

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 # N93000005053 (4)

1. Corporation Name

DEER TRAILS NORTH PHASE TWO PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

10204 RACHEL CHERIE DRIVE
POLK CITY FL 33868
US

Mailing Address

10204 RACHEL CHERIE DRIVE
POLK CITY FL 33868
US



3. Date Incorporated or Qualified
11/10/1993

3a. Date of Last Report
06/22/1995

2. Principal Place of Business

2a. Mailing Address

21 10204 Rachel Cherie Dr

26 10204 Rachel Cherie Dr

4. FEI Number
59-3223046

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 Polk City, FL

28 Polk City, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33868

25 USA

29 33868

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEN BALDWIN
10204 RACHEL CHERIE DRIVE
POLK CITY FL 33868

81 Name

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

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	P/VD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, JAMES A	
STREET ADDRESS	730 W. LAKE OTIS DR.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WRIGHT, CHERI J	
STREET ADDRESS	3940 THORNHILL RD.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JOHNSON, WILLENE W	
STREET ADDRESS	730 WEST LAKE OTIS DR.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ken Baldwin	
1.3 STREET ADDRESS	10204 Rachel Cherie Drive	
1.4 CITY-ST-ZIP	Polk City, FL 33868	
2.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Doug Andree	
2.3 STREET ADDRESS	10164 Rachel Cherie Drive	
2.4 CITY-ST-ZIP	Polk City, FL 33868	
3.1 TITLE	S/T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Joan Andree	
3.3 STREET ADDRESS	10164 Rachel Cherie Drive	
3.4 CITY-ST-ZIP	Polk City, FL	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Paul Elston	
4.3 STREET ADDRESS	10140 Rachel Cherie Drive	
4.4 CITY-ST-ZIP	Polk City, FL 33868	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: Ken Baldwin, President/Director

Ken Baldwin

April 12, 1996

CR2E037 (12/95)