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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000005053 (4)**

1. Corporation Name

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

Principal Place of Business

Mailing Address

10204 RACHEL CHERIE DR  
POLK CITY FL 33868  
US

10204 RACHEL CHERIE DR  
POLK CITY FL 33868-8841  
US



*A. Alan 7/9/97*

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/10/1993</b>		3a. Date of Last Report <b>04/25/1996</b>	
21 <b>10133 RACHEL CHERIE DR</b>		26 <b>10133 RACHEL CHERIE DR.</b>		4. FEI Number <b>59-3223046</b>		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 <b>POLK CITY FL</b>		28 <b>POLK CITY FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 <b>33868</b>		25 <b>POLK</b>		29 <b>33868</b>		30 <b>POLK</b>	
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	<b>STAN C. AMMON</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>10133 RACHEL CHERIE DRIVE</b>
83 City	<b>POLK CITY</b>
84 State	<b>FL</b>
85 Zip Code	<b>33868</b>

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 *Stanley C. Ammon* **STANLEY C. AMMON PRESIDENT** **MAY 1 1997**  
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	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	<b>PD BALDWIN, KEN</b>	<b>10204 RACHEL CHERIE DRIVE</b>	<b>POLK CITY FL</b>	<b>P/D</b>	<b>P/D</b>	<b>10133 RACHEL CHERIE DR.</b>	<b>POLK CITY FL 33868</b>
	<b>VD ANDREE, DOUG</b>	<b>10164 RACHEL CHERIE DRIVE</b>	<b>POLK CITY FL</b>	<b>VP/D</b>	<b>VP/D</b>	<b>10204 RACHEL CHERIE DR.</b>	<b>POLK CITY FL 33868</b>
	<b>ST ANDREE, JOAN</b>	<b>10164 RACHEL CHERIE DRIVE</b>	<b>POLK CITY FL</b>	<b>S/T/D</b>	<b>S/T/D</b>	<b>10204 RACHEL CHERIE DR.</b>	<b>POLK CITY FL 33868</b>
	<b>D ELSTON, PAUL</b>	<b>10140 RACHEL CHERIE DRIVE</b>	<b>POLK CITY FL</b>	<b>D</b>	<b>D</b>	<b>10204 RACHEL CHERIE DR.</b>	<b>POLK CITY FL 33868</b>
	<b>Bank Deposit</b>	<b>\$70.00</b>	<b>5-20-97</b>	<b>S/T/D</b>	<b>S/T/D</b>	<b>10229 RACHEL CHERIE DR</b>	<b>POLK CITY FL 33868</b>
	<b>DELE</b>			<b>D</b>	<b>D</b>	<b>10204 RACHEL CHERIE DR.</b>	<b>POLK CITY FL 33868</b>
	<b>DELE</b>			<b>S/T/D</b>	<b>S/T/D</b>	<b>10204 RACHEL CHERIE DR.</b>	<b>POLK CITY FL 33868</b>
	<b>DELE</b>			<b>D</b>	<b>D</b>	<b>10204 RACHEL CHERIE DR.</b>	<b>POLK CITY FL 33868</b>

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)