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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000003207**

1. Corporation Name
DEER RIDGE AT RIVER RIDGE PHASE I HOMEOWNERS ASS OCIATION, INC.

Principal Place of Business	Mailing Address
8201 RIVER RIDGE BLVD. NEW PORT RICHEY FL 34654	P.O. BOX 909 NEW PORT RICHEY FL 34656-0909

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 19730 U. S. 19	26 10730 U. S. 19	06/30/1995
Suite, Apt. #, etc. 22 Suite 17	Suite, Apt. #, etc. 27 Suite 17	4. FEI Number ☐ Applied For ☐ Not Applicable 59-3386703
City & State 23 Port Richey, FL	City & State 28 Port Richey, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 34668 25 Pasco	Zip / Country 29 34668 30 Pasco	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TANKEL, ROBERT L PA 1299 MAIN ST STE F DUNEDIN FL 34698	81 Name: Russ Peate 82 Street Address (P.O. Box Number is Not Acceptable): 10730 U. S. 19 83 Suite 17 84 City: Port Richey **FL** 85 Zip Code: 34668

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 Russell Peate (Agent) 3-10-99
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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BOYCE, M.D.		1.2 NAME		
STREET ADDRESS	8201 RIVER RIDGE BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34654		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PAUL, WILLIAM D II		2.2 NAME		
STREET ADDRESS	8201 RIVER RIDGE BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34654		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	REYNOLDS, B.J.		3.2 NAME		
STREET ADDRESS	8201 RIVER RIDGE BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34654		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Russell Peate II, VP 3/11/99 727-845-5252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #