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 # N95000004999 (7)

1. Corporation Name
DEAN'S RESERVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2301 MAITLAND CENTER PKWY., STE. 130 MAITLAND FL 32751	2301 MAITLAND CENTER PKWY., STE. 130 MAITLAND FL 32751

3. Date Incorporated or Qualified: 10/19/1995
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 59-3363178 ☐ 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

9. Name and Address of Current Registered Agent

~~SHIRES, DONALD E~~
~~2301 MAITLAND CENTER PKWY., STE. 130~~
~~MAITLAND FL 32751~~

10. Name and Address of New Registered Agent

81 Name: RONDEAU, PATRICK E.
82 Street Address (P.O. Box Number is Not Acceptable): 5295 TOWN CENTER ROAD
83: SUITE 400
84 City: BOCA RATON **FL** 85 Zip Code: 33486

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: _____ PATRICK E. RONDEAU, PRESIDENT, SECRETARY
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	PD GUY, DAVID L 2301 MAITLAND CENTER PKWY., STE. 130 MAITLAND FL 32751	XX DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	TD MURRAY, ALAN L. 5295 TOWN CENTER ROAD, STE 400 BOCA RATON, FL 33486	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RONDEAU, PATRICK E 5295 TOWN CENTER RD., STE. 400 BOCA RATON FL 33486	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	PSD RONDEAU, PATRICK E. 5295 TOWN CENTER RD., STE. 400 BOCA RATON, FL 33486	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SHIRES, DONALD E 2301 MAITLAND CENTER PKWY., STE. 130 MAITLAND FL 32751	X DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VD ROSCHER, DANIEL C. 5295 TOWN CENTER ROAD, STE. 400 BOCA RATON, FL 33486	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	V DEVOR, DONNA L. 2301 MAITLAND CENTER PKWY., STE. 130 MAITLAND, FL 32751	☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	200001755312 -03/25/96--01005--034 ***61.25	☐ Change ☐ Addition

CR2E037 (12/95)

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: _____ PATRICK E. RONDEAU 1/31/96 407-361-2705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FEB 22 96