2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DXC.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 09, 2005 08:00 AM Secretary of State **DOCUMENT # 761992** 1. Entity Name DEER RUN HOMEOWNERS ASSOCIATION #1, INC. Principal Place of Business Mailing Address C/O TONI FORBES 629 DEER RUN CT CASSELBERRY FL 32707 C/O TONI FORBES 629 DEER RUN CT CASSELBERRY FL 32707 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 59-2253918 Not Applicable Zρ Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FORBES, TONI 629 DEER RUN CT Street Address (P.O. Box Number is Not Acceptable) CASSELBERRY FL 32707 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typod or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) The state of the s FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution, Due By May 1, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD Addition TITLE ☐ Delete TITLE ☐ Change U00000296174 WILLIAMS, JĪM NAME 633 DEER RUN CT 04/09/05-80056-020 61.25 STREET ADDRESS STREET ADDRESS CASSELBERRY FL 32707 CITY-ST-7IP CITY - ST - ZIP TITLE ☐ Delete TITLE Change ☐ Addition MATLOCK, MOSE NAME NAME 625 DEER RUN CT STREET ADDRESS STREET ADDRESS CASSELBERRY FL 32707 CITY-ST-ZIP CITY-ST-7IP SD Addition TITLE Delete TUTLE Change HEYDRICK, JANINIE NAME NAME 612 DEER RUN CT STREET ADDRESS STREET ADDRESS CUY-ST-7IP CASSELBERRY FL 32707 CITY-ST-ZIP Addition TITLE TITLE Change Delete FORBES, TONI NAME NAME 629 DEER RUN CT STREET ADDRESS STREET ADDRESS CASSELBERRY FL 32707 CITY-ST-ZIP CITY-ST-7IP MLE Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Adriii. TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.