

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90034 042 \*\*\*\*61.25

**DOCUMENT # 761992**  
 1. Entity Name  
 DEER RUN HOMEOWNERS ASSOCIATION #1, INC.



Principal Place of Business  
 C/O TONI FORBES  
 629 DEER RUN CT  
 CASSELBERRY, FL 32707 US

Mailing Address  
 C/O TONI FORBES  
 629 DEER RUN CT  
 CASSELBERRY, FL 32707 US

**60010152**



2. Principal Place of Business  
 C/O Christie Williams  
 Suite, Apt. #, etc.  
 633 Deer Run Court

3. Mailing Address  
 C/O Christie Williams  
 Suite, Apt. #, etc.  
 633 Deer Run Court

01312006 Chg-NP CR2E037 (11/05)

City & State  
 Casselberry, FL

City & State  
 Casselberry, FL

4. FEI Number  
 59-2253918

Applied For  
 Not Applicable

Zip Country  
 32707 US

Zip Country  
 32707 US

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 FORBES, TONI  
 629 DEER RUN CT  
 CASSELBERRY, FL 32707

7. Name and Address of New Registered Agent  
 Name Christie Williams  
 Street Address (P.O. Box Number is Not Acceptable)  
633 Deer Run Court  
 City Casselberry FL Zip Code 32707

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 Christie Williams DATE 1-31-2006  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**Filing Fee is \$61.25 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, JIM 633 DEER RUN CT CASSELBERRY, FL 32707 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Janine Heydrick 612 Deer Run Court Casselberry, FL. 32707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MATLOCK, MOSE 625 DEER RUN CT CASSELBERRY, FL 32707 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Rob michelin 625 Deer Run Court Casselberry, FL. 32707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEYDRICK, JANINIE 612 DEER RUN CT CASSELBERRY, FL 32707 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Christie Williams 633 Deer Run Ct Casselberry, FL. 32707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FORBES, TONI 629 DEER RUN CT CASSELBERRY, FL 32707 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Christie Williams 633 Deer Run Court Casselberry, FL. 32707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Christie Williams DATE 1-31-2006 DAYTIME PHONE # 407.699.3057  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR