


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90209 036 ****61.25

DOCUMENT # 761992					
1. Entity Name DEER RUN HOMEOWNERS ASSOCIATION #1, INC.					
Principal Place of Business C/O CHRISTIE WILLIAMS 633 DEER RUN CT CASSELBERRY, FL 32707 US			Mailing Address C/O CHRISTIE WILLIAMS 633 DEER RUN CT CASSELBERRY, FL 32707 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2253918	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FORBES, TONI 633 DEER RUN CT. CASSELBERRY, FL 32707			Name <u>Christie Williams</u>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<u>633 Deer Run Court</u>		
			City <u>Casselberry</u>		FL
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 <u>Christie Williams</u>		Christie Williams - Treasurer		1-8-07	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEYDRICK, JANINE		NAME		
STREET ADDRESS	612 DEER RUN CT.		STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY, FL 32707		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<u>VD</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHELIN, ROB		NAME	<u>James McCreel</u>	
STREET ADDRESS	625 DEER RUN CT.		STREET ADDRESS	<u>621 Deer Run Court</u>	
CITY-ST-ZIP	CASSELBERRY, FL 32707		CITY-ST-ZIP	<u>Casselberry, FL 32707</u>	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<u>SD</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, CHRISTIE		NAME	<u>Ronald Clifford</u>	
STREET ADDRESS	633 DEER RUN CT.		STREET ADDRESS	<u>617 Deer Run Court</u>	
CITY-ST-ZIP	CASSELBERRY, FL 32707		CITY-ST-ZIP	<u>Casselberry, FL 32707</u>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, CHRISTIE		NAME		
STREET ADDRESS	633 DEER RUN CT.		STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY, FL 32707		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-07 407.699.3057
Date Daytime Phone #