


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90023 005 ****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		
WILLIAMS, CHRISTINE 633 DEER RUN CT. CASSELBERRY, FL 32707			Name <u>Rebecca Scott</u> Street Address (P.O. Box Number is Not Acceptable) <u>641 Deer Run Court</u> City <u>Casselberry</u> FL Zip Code <u>32707</u>		
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>Rebecca Scott</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>2/19/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		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 checked="" type="checkbox"/> Delete	TITLE	<u>James McCreal</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEYDRICK, JANINE		NAME	<u>621 Deer Run Court</u>	
STREET ADDRESS	612 DEER RUN CT.		STREET ADDRESS	<u>Casselberry FL 32707</u>	
CITY-ST-ZIP	CASSELBERRY, FL 32707		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC CREAL, JAMES		NAME		
STREET ADDRESS	621 DEER RUN COURT		STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY, FL 32707		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<u>David Elmendorf</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLIFFORD, RONALD		NAME	<u>640 Deer Run Court</u>	
STREET ADDRESS	617 DEER RUN COURT		STREET ADDRESS	<u>Casselberry, FL 32707</u>	
CITY-ST-ZIP	CASSELBERRY, FL 32707		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<u>Rebecca Scott</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, CHRISTIE		NAME	<u>641 Deer Run Court</u>	
STREET ADDRESS	633 DEER RUN CT.		STREET ADDRESS	<u>Casselberry, FL 32707</u>	
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: <u>Rebecca Scott</u>			DATE <u>2/19/08</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		