

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761992

**FILED**  
**Jan 18, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

C/O CHRISTIE WILLIAMS  
633 DEER RUN CT  
CASSELBERRY, FL 32707 US

**Current Mailing Address:**

C/O CHRISTIE WILLIAMS  
633 DEER RUN CT  
CASSELBERRY, FL 32707 US

FEI Number: 59-2253918

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**New Principal Place of Business:**

C/O JAMES E. MCGREAL  
621 DEER RUN CT  
CASSELBERRY, FL 32707 US

**New Mailing Address:**

C/O JAMES E. MCGREAL  
621 DEER RUN CT  
CASSELBERRY, FL 32707 US

**Name and Address of Current Registered Agent:**

SCOTT, REBECCA  
641 DEER RUN CT  
CASSELBERRY, FL 32707 US

**Name and Address of New Registered Agent:**

MCGREAL, JAMES  
621 DEER RUN CT  
CASSELBERRY, FL 32707 US

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.

SIGNATURE: JAMES E. MCGREAL

01/18/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MCGREAL, JAMES  
Address: 621 DEER RUN CT  
City-St-Zip: CASSELBERRY, FL 32707

Title: SD  
Name: ELMENDORF, DAVID  
Address: 9410 DEER RUN CT  
City-St-Zip: CASSELBERRY, FL 32707

Title: TD  
Name: MICHELIN, ROBERT  
Address: 625 DEER RUN CT  
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES E. MCGREAL

PD

01/18/2010

Electronic Signature of Signing Officer or Director

Date