
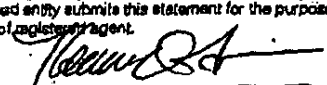
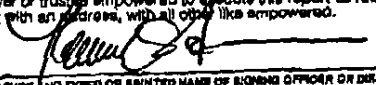


AMENDED
2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED

04 SEP 14 AM 11:15
SECRETARY OF STATE
FLORIDA
54072304

DOCUMENT # N05500		
1. Entity Name Deer Run Homeowners Association, Inc.		
Principal Place of Business 1750 W. BROADWAY ST. #118 OVIDO, FL 32765		Mailing Address
2. Principal Place of Business		3. Mailing Address 1750 W. BROADWAY ST.
Subs. Apt. #, etc.		Subs. Apt. #, etc.
City & State OVIDO, FL		4. FEI Number 59-2470737
Zip 32765	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent KEVIN M. DAVIS COMMUNITY MGMT. SPECIALISTS, INC. 1750 W. BROADWAY ST. #118 OVIDO, FL 32765		7. Name and Address of New Registered Agent Name KEVIN M. DAVIS Street Address (P.O. Box Number is Not Acceptable) 1750 W. BROADWAY ST. #118 City OVIDO, FL FL 32765
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:  DATE: 8/12/04		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Charlotte Thompson <input type="checkbox"/> Delete 6004 E. Maryland Place Casselberry, FL 32707	TITLE D NAME STREET ADDRESS CITY-ST-ZIP Mary Ann Dagherthy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4033 Crossroads Place Casselberry, FL 32707
TITLE 4P NAME STREET ADDRESS CITY-ST-ZIP	Jean K. Cutter <input type="checkbox"/> Delete 210 N. Post Way Casselberry, FL 32707	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Maria Rosado <input type="checkbox"/> Delete 4072 E. Maryland Place Casselberry, FL 32707	TITLE D NAME STREET ADDRESS CITY-ST-ZIP Jean Roth <input type="checkbox"/> Change <input type="checkbox"/> Addition 261 N. Post Way Casselberry, FL 32707 <input checked="" type="checkbox"/> Delete
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Jan Fraas <input type="checkbox"/> Delete 904 Versailles Cir. Maitland FL 32751	TITLE D NAME STREET ADDRESS CITY-ST-ZIP Natalie Littles <input type="checkbox"/> Change <input type="checkbox"/> Addition 4096 E. Maryland Place Casselberry, FL 32707 <input checked="" type="checkbox"/> Delete
TITLE 5PT NAME STREET ADDRESS CITY-ST-ZIP	Carol Humely <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change PO Box 181684 Casselberry, FL 32718	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Janice Darling <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Addition 400 Copperstone Cir. Casselberry, FL 32707	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 8/9/04
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(f), 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: 		DATE: 8/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE AND PHONE NO. 407-359-7202