

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23051

1. Entity Name

DEER LAKE RUN HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90094 045 ****61.25

Principal Place of Business

Mailing Address

238 N WESTMONTE DR
SUITE 260
ALTAMONTE SPRINGS FL 32714
US

PO BOX 161606
ALTAMONTE SPRINGS FL 32716-1606
US

2. Principal Place of Business

225 S. Westmonte Dr

3. Mailing Address

Suite, Apt. #, etc.

Suite 2050

City & State

Altamonte Springs, FL

Zip

Country

32714

USA

Zip

Country

4. FEI Number

65-0028619

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOMACK, ELLEN R
238 N WESTMORE DR
STE 260
ALTAMONTE SPRINGS FL 32714

Name
Ellen R. Womack

Street Address (P.O. Box Number is Not Acceptable)

225 S. Westmonte Drive, Suite 2050

Altamonte Springs,

City

FL

Zip Code

32714

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Delete
NAME ADAMS, CHARLES
STREET ADDRESS 1101 DEER GULLEY CT
CITY-ST-ZIP APOPKA FL 32712

TITLE PD ☐ Change ☒ Addition
NAME Greg Keyes
STREET ADDRESS 1312 Deer Lake Circle
CITY-ST-ZIP Apopka, FL 32712

TITLE V ☒ Delete
NAME JONES, FRANK
STREET ADDRESS 1418 BROWN DEER CT
CITY-ST-ZIP APOPKA FL 32712

TITLE VD ☐ Change ☒ Addition
NAME Matt Weber
STREET ADDRESS 1014 Little Fawn Court
CITY-ST-ZIP Apopka, FL 32712

TITLE S ☒ Delete
NAME HOWLIN, GIGI
STREET ADDRESS 1246 DEER LAKE CIR
CITY-ST-ZIP APOPKA FL 32712

TITLE SD ☐ Change ☒ Addition
NAME Bob Stevens
STREET ADDRESS 1264 Deer Lake Circle
CITY-ST-ZIP Apopka, FL 32712

TITLE D ☒ Delete
NAME LYONS, KIM
STREET ADDRESS 1419 DEER LAKE CIR
CITY-ST-ZIP APOPKA FL 32712

TITLE TD ☐ Change ☒ Addition
NAME Brad Westfall
STREET ADDRESS 1215 Deer Lake Circle
CITY-ST-ZIP Apopka, FL 32712

TITLE D ☐ Delete
NAME KOZIARA, JANELLE
STREET ADDRESS 1209 DEER LAKE CIR
CITY-ST-ZIP APOPKA FL 32712

TITLE D ☐ Change ☒ Addition
NAME Mary Jane Clarke
STREET ADDRESS 1276 Deer Lake Circle
CITY-ST-ZIP Apopka, FL 32712

TITLE T ☒ Delete
NAME GOLDRICK, LYNN
STREET ADDRESS 1151 BUCK POINT PASS
CITY-ST-ZIP APOPKA FL 32712

TITLE D ☐ Change ☒ Addition
NAME Steve Muller
STREET ADDRESS 1196 Deer Lake Circle
CITY-ST-ZIP Apopka, FL 32712

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)