
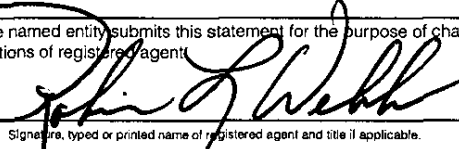
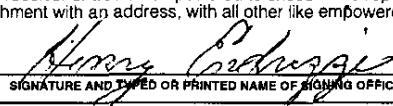


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90034 014 \*\*\*\*61.25

<b>DOCUMENT # N23051</b> 1. Entity Name <b>DEER LAKE RUN HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>225 S WESTMONTE DR STE 2050 ALTAMONTE SPRINGS, FL 32714 US</b>			Mailing Address <b>PO BOX 161606 ALTAMONTE SPRINGS, FL 32716-1606 US</b>		
2. Principal Place of Business <b>901 N. Lake Destiny Drive</b> Suite, Apt. #, etc. <b>Suite 110</b>			3. Mailing Address <b>901 N. Lake Destiny Drive</b> Suite, Apt. #, etc. <b>Suite 110</b>		
City & State <b>Maitland, FL</b>			City & State <b>Maitland, FL</b>		
Zip <b>32751</b>		Country <b>USA</b>		4. FEI Number <b>65-0028619</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>WOMACK, ELLEN R 225 S WESTMONTE DRIVE STE 2050 ALTAMONTE SPRINGS, FL 32714</b>			7. Name and Address of New Registered Agent <input checked="" type="checkbox"/> Name <b>Webb, Robin L.</b> Street Address (P.O. Box Number is Not Acceptable) <b>901 N. Lake Destiny Drive</b> Suite 110 City <b>Maitland</b> <b>FL</b> Zip Code <b>32751</b>		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> <b>3/31/2004</b>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KENNEDY, PATRICK 1474 DEERLAKE CIRCLE APOPKA, FL 32712 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>BEER</del> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres <input type="checkbox"/> Delete ENDRIZZI, HENRY 1330 DEER LAKE CIR APOPKA, FL 32712	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAYLOR, KENT VP <input type="checkbox"/> Change <input type="checkbox"/> Addition 1408 Deer Lake Circle Apopka, FL 32712		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. <input type="checkbox"/> Delete WHITE, CHARLOTTE 1173 DEERLAKE CIRCLE APOPKA, FL 32712	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FREESE, BOB D <input type="checkbox"/> Change <input type="checkbox"/> Addition 1245 Deer Lake Circle Apopka, FL 32712		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete ROBINSON, LINDA 1400 BROWN DEER CT APOPKA, FL 32714	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. <input type="checkbox"/> Delete BERRISFORD, S 1402 DEER LAKE CIR APOPKA, FL 32712	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete KLOTE, PHIL 1402 BROWN DEER CT APOPKA, FL 32712	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>				<small>Daytime Phone #</small>	

**54027337**



03032004 Chg-NP CR2E037 (10/03)