


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90067 008 ****61.25

DOCUMENT # N23051	
1. Entity Name DEER LAKE RUN HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 901 N. LAKE DESTINY DRIVE STE 110 STE 2050 MAITLAND, FL 32751 US	Mailing Address 901 N. LAKE DESTINY DRIVE STE 110 STE 2050 MAITLAND, FL 32751 US
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40040143



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01252005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0028619	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WEBB, ROBIN L 901 N. LAKE DESTINY DRIVE STE 110 MAITLAND, FL 32751		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 _____
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$61.25 Due by May 1, 2005	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENDRIZZI, HENRY	NAME	Mangas, Shari
STREET ADDRESS	1330 DEER LAKE CIR	STREET ADDRESS	1227 Deer Lake Circle
CITY-ST-ZIP	APOPKA, FL 32712	CITY-ST-ZIP	Apopka, FL 32712
TITLE	T <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, CHARLOTTE	NAME	Moyer, Leah
STREET ADDRESS	1173 DEERLAKE CIRCLE	STREET ADDRESS	1254 Deer Lake Circle
CITY-ST-ZIP	APOPKA, FL 32712	CITY-ST-ZIP	Apopka, FL 32718
TITLE	D <input type="checkbox"/> Delete	TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBINSON, LINDA	NAME	Bouchard, Bob
STREET ADDRESS	1400 BROWN DEER CT	STREET ADDRESS	1366 Deer Lake Circle
CITY-ST-ZIP	APOPKA, FL 32714	CITY-ST-ZIP	Apopka, FL 32712
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRISFORD, S	NAME	
STREET ADDRESS	1402 DEER LAKE CIR	STREET ADDRESS	
CITY-ST-ZIP	APOPKA, FL 32712	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, KENT	NAME	
STREET ADDRESS	1408 DEER LAKE CIR.	STREET ADDRESS	
CITY-ST-ZIP	APOPKA, FL 32712	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 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: _____	Date 1-27-05	Daytime Phone # _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		