2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 08:00 A
Secretary of State

DOCUMENT # N27333

1. Entity Name
DEER RUN HOMEOWNERS ASSOCIATION #18, INC.

Principal Place of Business	Mailing Address
296 SAXONY COURT WINTER SPRINGS, FL 32708 US	296 SAXONY COURT WINTER SPRINGS, FL 32708 US

01092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ANTAYA, GEORGE
265 SAXONY CT
WINTER SPRINGS, FL 32708

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ANTAYA, GEORGE
STREET ADDRESS	265 SAXONY CT
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	TD
NAME	CHRISTINE FERM
STREET ADDRESS	296 SAXONY COURT
CITY-ST-ZIP	WINTER SPRINGS, FL
TITLE	VD
NAME	FAZLAR, ALI
STREET ADDRESS	280 SAXONY CT
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	D
NAME	DEATON, JOHN
STREET ADDRESS	297 SAXONY CT
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	SD
NAME	WILLIAMS, JENNY
STREET ADDRESS	268 SAXONY CT
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/13/07-80030-011 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Christine C Ferm Christine C. Ferm, Treasurer 4/2/07 4076969039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #