


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 **296 SAXONY COURT**
WINTER SPRINGS, FL 32708 US **WINTER SPRINGS, FL 32708 US**

DO NOT WRITE IN THIS SPACE



01092007 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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