

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35154

FILED
Apr 15, 2009
Secretary of State

Entity Name: DEER RUN OF PALM VIEW HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6021 22ND AVE CIR E
PALMETTO, FL 34221 US

New Principal Place of Business:

Current Mailing Address:

6021 22ND AVE CIR E
PALMETTO, FL 34221 US

New Mailing Address:

FEI Number: 65-0219755 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWISON, SHARON
6021 22ND AVE CIR E
PALMETTO, FL 34221 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BROWNELL, LORETTA
Address: 6029 22ND AVE CIR E
City-St-Zip: PALMETTO, FL 34221

Title: VD () Delete
Name: COLE, LEAH
Address: 6030 22ND AVENUE DRIVE E.
City-St-Zip: PALMETTO, FL 34221

Title: STD () Delete
Name: HOWISON, SHARON
Address: 6021 22ND AVE CIR E
City-St-Zip: PALMETTO, FL 34221

Title: STDC () Delete
Name: HOWISON, SHARON
Address: 6021 22ND AVE CIR E
City-St-Zip: PALMETTO, FL 34221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON HOWISON

STDC

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date