

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

55 MAY -1 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 747727 (6)

1. Corporation Name

DEER RUN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1228 BRIDLEBROOK DR.
CASSELBERRY FL 32707

P.O. BOX 180476
CASSELBERRY FL 32718-0476

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1979

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2185860

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUFF, SANDRA
1228 BRIDLEBROOK DRIVE
CASSELBERRY FL 32707

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

TAYLOR, LINDA

STREET ADDRESS

220 TWELVE LEAGUE CIR

CITY - ST - ZIP

CASSELBERRY FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

VD

NAME

COTO, JULIO

STREET ADDRESS

249 TWELVE LEAGUE CIR

CITY - ST - ZIP

CASSELBERRY FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☒ Change ☐ Addition

VD

ATHAN, BRENT

213 Twelve League Cir

Casselberry, FL

TITLE

SD

NAME

HULL, DONALD J.

STREET ADDRESS

227 TWELVE LEAGUE CIR.

CITY - ST - ZIP

CASSELBERRY FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☒ Change ☐ Addition

SD

DAVIS, JUDITH

206 Twelve League Cir

Casselberry, FL

TITLE

TD

NAME

OLSON, STEVE

STREET ADDRESS

241 TWELVE LEAGUE CIR

CITY - ST - ZIP

CASSELBERRY FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

MALE, CHRISTOPHER L.

STREET ADDRESS

287 TWELVE LEAGUE CIR

CITY - ST - ZIP

CASSELBERRY FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☒ Change ☐ Addition

D

KING, EARL

236 Twelve League Cir

Casselberry, FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Steve Olson

Steve Olson

4/28/95

407-697-2402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number