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May 06 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N00798 (1)

1. Corporation Name

DEER RUN HOMEOWNERS ASSOCIATION #11, INC.



Principal Place of Business

Mailing Address

488 ROCKYBROOK CT.(CASSELBERRY,FL)32707  
P.O. BOX 3754  
WINTER SPRINGS, FL 32708

488 ROCKYBROOK CT.(CASSELBERRY,FL)32707  
P.O. BOX 3754  
WINTER SPRINGS, FL 32708-0754

3. Date Incorporated or Qualified  
01/09/1984

3a. Date of Last Report  
04/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
NOT APPLICABLE

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TROTTER, BEN T JR.  
1505 COUGAR COURT  
CASSELBERRY FL 32707

81 Name Stricker, Gary L.  
82 Street Address (P.O. Box Number is Not Acceptable)  
451 Rocky Brook Ct.  
83  
84 City Casselberry FL 85 Zip Code 32707

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE  
NAME TROTTER, BEN JR.  
STREET ADDRESS 1505 COUGAR CT.  
CITY-ST-ZIP CASSELBERRY FL 32307

1.1 TITLE D ☒ Change ☐ Addition  
1.2 NAME Stricker, Gary L.  
1.3 STREET ADDRESS 451 Rocky Brook Ct.  
1.4 CITY-ST-ZIP Casselberry, Fl. 32707

TITLE D ☐ DELETE  
NAME GALLANT, LARRY  
STREET ADDRESS 488 ROCKY BROOK COURT  
CITY-ST-ZIP CASSELBERRY FL 32707

2.1 TITLE D ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME BALZ, ROSALIE  
STREET ADDRESS 429 WILD FOX DRIVE  
CITY-ST-ZIP CASSELBERRY FL 32707

3.1 TITLE D ☒ Change ☐ Addition  
3.2 NAME Talamas, Cheryl A.  
3.3 STREET ADDRESS 480 Rocky Brook Ct.  
3.4 CITY-ST-ZIP Casselberry, Fl. 32707

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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.

CR2E037 (9/96)