

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

746395

1. Entity Name

DEER RUN PROPERTY OWNERS ASSOCIATION, INC.

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90129 028 ****61.25

Principal Place of Business

Mailing Address

12785-C FOREST HILL BLVD.
Wellington, FL 33414

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2342738

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Earl Olitsky
12785_C Forest Hill Blvd.
Wellington, FL 33414

7. Name and Address of New Registered Agent

Name

Carolyn Brown

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

12785- C Forest Hill Blvd.

City

Wellington

FL

Zip Code

33414

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.

SIGNATURE

Carolyn Brown, Property Mgr. *[Signature]*

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

(NOTE: Registered agent signature required when reinstating)

4/23/01

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Paul Grose <input type="checkbox"/> Delete 2858 Palm Deer Dr. Loxahatchee, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Kim Remen <input type="checkbox"/> Delete 2676 Fawn Dr. Loxahatchee, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Steve Williams <input type="checkbox"/> Delete 12765 W. Forest Hill Blvd Wellington, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Amy Holloway <input checked="" type="checkbox"/> Delete 12765 W. Forest Hill Blvd. Wellington, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Karl Syben <input type="checkbox"/> Delete 12765 W. Forest Hill Blvd. Wellington, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Robert Stevens <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2370 Deer Run Blvd. Loxahatchee, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 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:

Kim Remen Kim Remen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/01

Daytime Phone #

561-791-1035

CR2E037 (1/1/00)