

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00798

1. Entity Name

DEER RUN HOMEOWNERS ASSOCIATION #11, INC.

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90185 023 ****70.00

Principal Place of Business

Mailing Address

P.O. BOX 300045
FERN PARK FL 32730-0045

P.O. BOX 300045
FERN PARK FL 32730-0045

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAPORTO, LOUIS
401 WILD FOX DRIVE
CASSELBERRY FL 32707

Name **KOLB MICHAEL J.**
Street Address (P.O. Box Number is Not Acceptable) **409 WILDFOX DRIVE**
City **CASSELBERRY** FL Zip Code **32707**

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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LAPORTO, LOUIS 401 WILD FOX DRIVE CASSELBERRY FL 32707	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ELLISON, JOHN 1556 COUGAR COURT CASSELBERRY FL 32707	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KOLB, MICHAEL J. 409 WILDFOX DRIVE CASSELBERRY FL 32707	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS COX, CLESTON 1552 COUGAR COURT CASSELBERRY FL 32707	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM OPPELT, KURT 414 WILDFOX DRIVE CASSELBERRY FL 32707	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DP ELLISON, JOHN 1556 COUGAR COURT CASSELBERRY, FL 32707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES/TREASURER KOLB, MICHAEL J. 409 WILDFOX DRIVE CASSELBERRY, FL 32707	<input checked="" 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		<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/02

Date

(407)

Daytime Phone #

970-4512

CR2E037 (9/01)