


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90565 035 ****70.00

DOCUMENT # N00798	
1. Entity Name DEER RUN HOMEOWNERS ASSOCIATION #11, INC.	

Principal Place of Business P.O. BOX 300045 FERN PARK FL 32730-0045	Mailing Address P.O. BOX 300045 FERN PARK FL 32730-0045
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number NO-T APPLICABLE	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KOLB, MICHAEL J 409 WILDFOX DR. CASSELBERRY FL 32707

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE <i>[Signature]</i> DATE 4/21/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	DTP <input type="checkbox"/> Delete
NAME	KOLB MICHAEL J
STREET ADDRESS	409 WIDFOX DRIVE
CITY-ST-ZIP	CASSELBERRY FL 32707
TITLE	DVS <input checked="" type="checkbox"/> Delete
NAME	CLESTON, COX
STREET ADDRESS	1552 COUGAR COURT
CITY-ST-ZIP	CASSELBERRY FL 32707
TITLE	DM <input type="checkbox"/> Delete
NAME	LAPORTO, LOUIS
STREET ADDRESS	401 WILDFOX DRIVE
CITY-ST-ZIP	CASSELBERRY FL 32707
TITLE	D <input type="checkbox"/> Delete
NAME	RILEY, LEA ANN
STREET ADDRESS	433 WILDFOX DRIVE
CITY-ST-ZIP	CASSELBERRY FL 32707
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: <i>[Signature]</i> DATE 4/21/04 407-970-4512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR