## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Mar 28, 2008 8:00 am **Secretary of State DOCUMENT #753374** 03-28-2008 90019 038 \*\*\*\*61.25 DEER RUN COMMUNITY ASSOCIATION, INC. Principal Place of Business Mailing Address Inname. 645 CLASSIC COURT STE 104 645 CLASSIC COURT STE 104 MELBOURNE, FL 32940 MELBOURNE, FL 32940 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042008 Cha-NP CR2E037 (12/06) 4. FEI Number 59-2256985 Applied For City & State City & State Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPACE COAST PROPERTY MANAGEMENT 645 CLASSIC COURT #104 Street Address (P.O. Box Number is Not Acceptable) MELBOURNE, FL 32940 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to П Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DP TITLE ☐ Change ☐ Addition TITLE ☐ Delete BRADSHAW, DON NAME NAME STREET ADDRESS 228 DEER RUN RD STREET ADDRESS PALM BAY, FL 32909 CITY-ST-7IP CITY-ST-7IP Delete TITLE Addition TITLE LOUR BRUESS KARO NAME NAME 305 FOX TRAILST. STREET ADDRESS STREET ADDRESS PAKM BAY, FL 32909 CITY-ST-ZIP CITY-ST-ZIP DT Change - Addition TITLE Delete RUTKOWKI, TAMMIE NAME NAME 270 DEER RUN RD STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP PALM BAY, FL 32909 ☐ Change ■ Addition ☐ Delete ns TITLE TITLE RADEL, HELEN M NAME NAME 255 DEER RUN RD STREET ADDRESS STREET ADDRESS PALM BAY, FL 32909 CITY-ST-ZIP CITY-ST-ZIP Oelete TITLE ☐ Change ■ Addition TITLE NAME WOVLAS, WILLIAM NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 empoy

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

8435 ANCELOPES AVE

PALM BAY, FL 32909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

Delete

Daytime Phone #

Change

☐ Addition

FILED