## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 746395** 

FILED Apr 30, 2008 Secretary of State

Entity Name: DEER RUN PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2328 S. C(		MANAGEMENT, INC. 'E., SUITE 1-C L 33406 US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
2328 S. CO		MANAGEMENT, INC. Æ., SUITE 1-C L 33406 US			
El Number	: 59-2342738	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and Address o	of New Registered Agent:	
ST JOHN,CORE 1601 FORUM PLACE SUITE 107 WEST PALM BEACH, FL 33401 US			860 US HIGHWAY ON SUITE 108 NORTH PALM BEACH	HILLEY & WYANT CORTEZ, PA 860 US HIGHWAY ONE SUITE 108 NORTH PALM BEACH, FL 33408 US se of changing its registered office or registered agent, or both,	
	e of Florida.	submits this statement for the	purpose of changing its registered	a office of registered agent, of both,	
SIGNATURE: DON HILLEY				04/30/2008	
	Electron	nic Signature of Registered Ag	ent	Date	
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGI	ES TO OFFICERS AND DIRECTOR	
Fitle: Name: Address: Dity-St-Zip:	TD ( COLOMBO, KE 2319 PALM DE LOXAHATCHEI	EER DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: Dity-St-Zip:	SD ( BALOG, LAURI 19864 KINGFIS LOXAHATCHEI	SHER LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	VP ( HUGHES, ROV 19980 SKYHAV LOXAHATCHE	WK LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: Dity-St-Zip:	P ( STEVENS, RO 2496 FAWN DI LOXAHATCHEI	RIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
⊺itle: Name:	D ( PIETRAZK, EL: 2318 PALM DE		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT STEVENS PD 04/30/2008