

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747727

FILED
Jan 14, 2009
Secretary of State

Entity Name: DEER RUN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 677307
ORLANDO, FL 32867 US

New Principal Place of Business:

4962 N. PALM AVENUE
WINTER PARK, FL 32792 US

Current Mailing Address:

P O BOX 677307
ORLANDO, FL 328677307 US

New Mailing Address:

FEI Number: 59-2185860 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRASCA, JOSEPH
C/O PREFERRED COMMUNITY MANAGEMENT
4962 N. PALM AVENUE
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: SAMMARTINO, JO
Address: 498 EAGLE CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

Title: VD () Delete
Name: STEVE, OLSON
Address: 241 TWELVE LEAGUE CIR
City-St-Zip: CASSELBERRY, FL 32707

Title: TD () Delete
Name: GRIFFIN, RUTH
Address: 322 SHADOW OAK DR
City-St-Zip: CASSELBERRY, FL 32707

Title: AT () Delete
Name: YOUNG, JASON
Address: 512 EAGLE CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

Title: PD () Delete
Name: MERRIMAN, LYNN
Address: 500 EAGLE CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: DUNCAN, LISA
Address: 528 EAGLE CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GRIFFIN, RUTH
Address: 322 SHADOW OAK DR
City-St-Zip: CASSELBERRY, FL 32707

Title: TD (X) Change () Addition
Name: YOUNG, JASON
Address: 512 EAGLE CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOSEPH FRASCA

MGR

01/14/2009

Electronic Signature of Signing Officer or Director

Date