

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90126 042 *****61.25

DOCUMENT # N18260

1. Entity Name

DEER RUN HOMEOWNERS ASSOCIATION #17, INC.



Principal Place of Business

HOA UNIT 17
P. O. BOX 181245
CASSELBERRY FL 32718
US

Mailing Address

HOA UNIT 17
P. O. BOX 181245
CASSELBERRY FL 32718
US

2. Principal Place of Business

4962 N. PALM AVENUE

3. Mailing Address

PO BOX 677307

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

City & State

ORLANDO, FL

Zip

32792

Country

USA

Zip

32867

Country

USA

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

NOBLE, KAREN M
321 HEARTH LANE
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name **JOSEPH FRASCA**

Street Address (P.O. Box Number is Not Acceptable)

90 PREFERRED COMMUNITY MANAGEMENT

4962 N. PALM AVE

City **WINTER PARK**

FL

Zip Code **32792**

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]

JOSEPH FRASCA

4/7/03

Signature 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LYONS, JOHN	
STREET ADDRESS	360 HOUND RUN PLACE	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NOBLE, KAREN M	
STREET ADDRESS	321 HEARTH LANE	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	ROGERS, KEN	
STREET ADDRESS	303 HEARTH LANE	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	ROGERS, KIM	
STREET ADDRESS	303 HEARTH LANE	
CITY-ST-ZIP	CASSELBERRY FL	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAN FLORSHEIM	
STREET ADDRESS	4024 BUGLER REST PLACE	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKIE PRINCE	
STREET ADDRESS	4012 BUGLER REST PLACE	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
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		<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:

[Signature]

Jan Florsheim

407 382-4114

CR2E037 (10/02)