

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 728286

**Entity Name:** DEER RUN ASSOCIATION, INC.**Current Principal Place of Business:**240 CANAL BLVD.  
SUITE 2  
PONTE VEDRA BEACH, FL 32082**Current Mailing Address:**C/O MAY MANAGEMENT SERVICES, INC.  
5455 A1A SOUTH  
ST AUGUSTINE, FL 32080**FEI Number:** 59-1541735**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MAY MANAGEMENT SERVICES, INC.  
5455 A1A SOUTH  
ST AUGUSTINE, FL 32080 US*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

**Officer/Director Detail :**

Title DIRECTOR  
Name JEWETT, BECKY  
Address C/O MAY MANAGEMENT SERVICES,  
INC.  
5455 A1A SOUTH  
City-State-Zip: ST AUGUSTINE FL 32080

Title DIRECTOR  
Name MOUNTAN, MIKE  
Address C/O MAY MANAGEMENT SERVICES,  
INC.  
5455 A1A SOUTH  
City-State-Zip: ST AUGUSTINE FL 32080

Title TREASURER  
Name BEEDY, GREG  
Address C/O MAY MANAGEMENT SERVICES,  
INC.  
5455 A1A SOUTH  
City-State-Zip: ST AUGUSTINE FL 32080

Title VP  
Name SPECIALE, MARK  
Address C/O MAY MANAGEMENT SERVICES,  
INC.  
5455 A1A SOUTH  
City-State-Zip: ST AUGUSTINE FL 32080

Title DIRECTOR  
Name GAJEWSKI, GARY  
Address C/O MAY MANAGEMENT SERVICES,  
INC.  
5455 A1A SOUTH  
City-State-Zip: ST AUGUSTINE FL 32080

Title PRESIDENT  
Name WOLF, VICTORIA  
Address C/O MAY MANAGEMENT SERVICES,  
INC.  
5455 A1A SOUTH  
City-State-Zip: ST AUGUSTINE FL 32080

Title SECRETARY  
Name MCENTEE, FRANCES  
Address C/O MAY MANAGEMENT SERVICES,  
INC.  
5455 A1A SOUTH  
City-State-Zip: ST AUGUSTINE FL 32080

*I hereby 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 all other like empowered.*

**SIGNATURE:** VICTORIA WOLF**PRESIDENT****04/26/2022**

Electronic Signature of Signing Officer/Director Detail

Date