#### 2019 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

#### 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

### **Officer/Director Detail :**

Title	PRESIDENT	Title	TREASURER
Name	GORDON, DOROTHY LYNN	Name	TUCKER, JOE
Address	C/O MAY MANAGEMENT SERVICES, INC. 5455 A1A SOUTH	Address	C/O MAY MANAGEMENT SERVICES, INC. 5455 A1A SOUTH
City-State-Zip:	ST AUGUSTINE FL 32080	City-State-Zip:	ST AUGUSTINE FL 32080
Title	SECRETARY	Title	DIRECTOR
Name	BUSHEY, GERALD	Name	LOPMAN, ABE
Address	C/O MAY MANAGEMENT SERVICES, INC. 5455 A1A SOUTH	Address	C/O MAY MANAGEMENT SERVICES, INC. 5455 A1A SOUTH
City-State-Zip:	ST AUGUSTINE FL 32080	City-State-Zip:	ST AUGUSTINE FL 32080
Title	VP	Title	DIRECTOR
Title Name	VP GAJEWSKI, GARY	Title Name	DIRECTOR WOLF, VICTORIA
Name	GAJEWSKI, GARY C/O MAY MANAGEMENT SERVICES, INC. 5455 A1A SOUTH	Name	WOLF, VICTORIA C/O MAY MANAGEMENT SERVICES, INC. 5455 A1A SOUTH
Name Address	GAJEWSKI, GARY C/O MAY MANAGEMENT SERVICES, INC. 5455 A1A SOUTH	Name Address	WOLF, VICTORIA C/O MAY MANAGEMENT SERVICES, INC. 5455 A1A SOUTH
Name Address City-State-Zip:	GAJEWSKI, GARY C/O MAY MANAGEMENT SERVICES, INC. 5455 A1A SOUTH ST AUGUSTINE FL 32080	Name Address	WOLF, VICTORIA C/O MAY MANAGEMENT SERVICES, INC. 5455 A1A SOUTH
Name Address City-State-Zip: Title	GAJEWSKI, GARY C/O MAY MANAGEMENT SERVICES, INC. 5455 A1A SOUTH ST AUGUSTINE FL 32080 DIRECTOR	Name Address	WOLF, VICTORIA C/O MAY MANAGEMENT SERVICES, INC. 5455 A1A SOUTH

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.

TREASURER

### SIGNATURE: JOE TUCKER

03/15/2019

Date

# FILED Mar 15, 2019 Secretary of State 6297427749CC

Certificate of Status Desired: No

Date