

2015 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.
ANNA MARKS
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	P
Name	GHEGAN, THERESA
Address	5455 A1A SOUTH
City-State-Zip:	ST AUGUSTINE FL 32080

Title	VP
Name	MILITANTE, CATHERINE
Address	5455 A1A S
City-State-Zip:	ST AUGUSTINE FL 32080

Title	DIRECTOR
Name	OWENS, SKIP
Address	5455 A1A SOUTH
City-State-Zip:	ST AUGUSTINE FL 32080

Title	TREASURER
Name	WILLIAMS, JACK
Address	5455 A1A SOUTH
City-State-Zip:	ST AUGUSTINE FL 32080

Title	D
Name	DAVIS, PETER
Address	5455 A1A SOUTH
City-State-Zip:	ST AUGUSTINE FL 32080

Title	D
Name	FAULDS, THOMAS
Address	5455 A1A S
City-State-Zip:	ST AUGUSTINE FL 32080

Title	DIRECTOR
Name	WINGARD, KATHLEEN
Address	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: THERESA GHEGAN**PRESIDENT****03/23/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date