

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747727

Entity Name: DEER RUN HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**4962 N. PALM AVENUE
WINTER PARK, FL 32792**Current Mailing Address:**P O BOX 4129
WINTER PARK, FL 32793 US**FEI Number:** 59-2185860**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FRASCA, JOSEPH
C/O PREFERRED COMMUNITY MANAGEMENT
4962 N. PALM AVENUE
WINTER PARK, FL 32792 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	VP, DIRECTOR
Name	STEVE, OLSON
Address	P O BOX 4129
City-State-Zip:	WINTER PARK FL 32793

Title	TREASURER, DIRECTOR
Name	PAULOVICH, MARIA
Address	P O BOX 4129
City-State-Zip:	WINTER PARK FL 32793

Title	PRESIDENT, DIRECTOR
Name	MERRIMAN, LYNN
Address	P O BOX 4129
City-State-Zip:	WINTER PARK FL 32793

Title	DIRECTOR, SECRETARY
Name	FOSTER, BRAD
Address	P O BOX 4129
City-State-Zip:	WINTER PARK FL 32793

Title	DIRECTOR, MEMBER AT LARGE
Name	BERNARDICURTI, ANDREW
Address	P O BOX 4129
City-State-Zip:	WINTER PARK FL 32793

Title	DIRECTOR, MEMBER AT LARGE
Name	GRIFFIN, RUTH
Address	P O BOX 4129
City-State-Zip:	WINTER PARK FL 32793

Title	DIRECTOR
Name	KOROPSAK, JOSEPH
Address	P O BOX 4129
City-State-Zip:	WINTER PARK FL 32793

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: MERRIMAN , LYNN**PRESIDENT****03/14/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date