

2024 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 HOSKINDS, JENNIFER
Address P O BOX 4129
City-State-Zip: WINTER PARK FL 32793

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

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

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

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

Title MEMBER AT LARGE
Name OLSEN, STEVE
Address P.O BOX 4129
City-State-Zip: WINTER PARK FL 32793

Title DIRECTOR, TREASURER
Name WOODS, KATHLEEN
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 , LINDA M**PRESIDENT****02/23/2024**

Electronic Signature of Signing Officer/Director Detail

Date