

**2013 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 VD  
Name STEVE, OLSON  
Address 241 TWELVE LEAGUE CIR  
City-State-Zip: CASSELBERRY FL 32707

Title SD  
Name GERBER, MARK  
Address 302 SHADOW OAK DR  
City-State-Zip: CASSELBERRY FL 32707

Title TD  
Name PAULOVICH, MARIA  
Address 524 EAGLE CIRCLE  
City-State-Zip: CASSELBERRY FL 32707

Title PD  
Name MERRIMAN, LYNN  
Address 500 EAGLE CIRCLE  
City-State-Zip: CASSELBERRY FL 32707

Title D  
Name GRIFFIN, RUTH  
Address 322 SHADOW OAK DRIVE  
City-State-Zip: CASSELBERRY FL 32707

Title D  
Name ALDINGER, WILLIAM  
Address 222 SHADOW OAK DR  
City-State-Zip: CASSELBERRY FL 32707

Title DIRECTOR  
Name BERARDICURTI, ANDREW  
Address 326 SHADOW OAK DRIVE  
City-State-Zip: CASSELBERRY FL 32707

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****03/27/2013**

Electronic Signature of Signing Officer/Director Detail

Date