

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770061

Entity Name: DEER RUN HOMEOWNERS ASSOCIATION #10, INC.**Current Principal Place of Business:**1605 PINEHURST DRIVE
CASSELBERRY, FL 32707**Current Mailing Address:**1605 PINEHURST DRIVE
CASSELBERRY, FL 32707**FEI Number:** 59-2547836**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRIDGWATER, NEAL
1605 PINEHURST DRIVE
CASSELBERRY, FL 32707 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 | PD |
| Name | MUNGOVAN, ROBERT |
| Address | 1650 AUGUSTA WAY |
| City-State-Zip: | CASSELBERRY FL 32707 |

| | |
|-----------------|----------------------|
| Title | SD |
| Name | MUNGOVAN, ROB |
| Address | 1630 PINEHURST DRIVE |
| City-State-Zip: | CASSELBERRY FL 32707 |

| | |
|-----------------|----------------------|
| Title | VD |
| Name | GODINEZ, JUAN M |
| Address | 1626 PINEHURST DR |
| City-State-Zip: | CASSELBERRY FL 32707 |

| | |
|-----------------|----------------------|
| Title | TD |
| Name | BRIDGWATER, NEAL H |
| Address | 1605 PINEHURST DRIVE |
| City-State-Zip: | CASSELBERRY FL 32707 |

| | |
|-----------------|----------------------|
| Title | D |
| Name | HOUCK, CHUCK |
| Address | 1647 AUGUSTA WAY |
| City-State-Zip: | CASSELBERRY FL 32707 |

| | |
|-----------------|----------------------|
| Title | D |
| Name | MANSFIELD, SCOTT |
| Address | 1551 PINEHURST DR |
| City-State-Zip: | CASSELBERRY FL 32707 |

| | |
|-----------------|----------------------|
| Title | DIRECTOR |
| Name | HOLIDAY, JOHN |
| Address | 368 FAIRGREEN PL |
| 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: NEAL H BRIDGWATER**TREASURER****02/24/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date