## 728286

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
`						





100162580391

11/09/09--01013--022 \*\*35.00

2009 NOV -9 PM 3: 32

R.A

NOV 1 0 2009

## **COVER LETTER**

TO: Amendment Se Division of Co	ection rporations	
SUBJECT:	Deer Run Associa	ation, Inc
	Name of Corp	oration
DOCUMENT NUMB	ER:72	8286
The enclosed Statemen	t of Change of Registered Office/A	gent and fee are submitted for filing.
Please return all corresp	pondence concerning this matter to	the following:
	Cynthia C	)'Neil
	Name of Conta	ct Person
	MAY Management	Services Inc
	Firm/Com	
	•	. •
	5455 A1A	South
	Addres	
	St. Augustine, i City/State and 2	FL 32080
	City/State and Z	Zip Code
	CUSTOMERS	ERVICE 1 D MAYRESURT. COM
E-r	nail address: (to be used for futu	re annual report notification)
For further information	concerning this matter, please call	
Су	nthia O'Neil	at ( 904 ) 584-1150
	f Contact Person	at ( 904 ) 584-1150 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 ch	neck made payable to the Departme	ent of State.
	Mailing Address:	Street Address:
	Amendment Section	Amendment Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0 inge is submitted for a corport or to change its registered og	oration organiz	ed under the laws of the	State of Fig	orida	_
1. The name of t	the corporation: Deer R	un Associa	ation, Inc.			
2. The principal	office address: c/o MAY	Managemen	t Services, Inc., 54	55 A1A So	uth	
St. August	tine, Florida, 32080					
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification:		Document number:		728286	
	d street address of the currer trment of State: (If resigned,			on file with the	he	
	Leland Management					
	6972 Lake	Gloria	Blud			
	Orlando,	FL 3	2809-320	<u>0</u>	2009	
6. The name and (if changed):	I street address of the new r	egistered agent	(if changed) and /or reg	istered office	NOV -9	11
	MAY Management S	ervices, Inc.	Anna Marks		E P	
	5455 A1A South				က္တုတ္သ	نرسا
	Ot Assessation El 00	P.O. Box NOT a	acceptable		32 DRIF 132	
	St. Augustine, FL 32				•"	
The street address changed will	ess of its registered office a be identical.	and the street a	ddress of the business of	office of its re	egistered ager	ıt,
Such change was authorized by the	as authorized by resolution he board, or the corporation	duly adopted has been noti	by its board of director fied in writing of the c	s or by an off hange.	ficer so	
X J.C.	fecluco re of an officer or director		Y F. J. Fee	derice d name and title	)	_
I hereby accept I further agree of my duties, an document is bei	the appointment as regists to comply with the provision of am familiar with and a ling filed merely to reflect as been notified in writing of	ons of all statui accept the oblig a change in the	agree to act in this cap	pacity. er and comple s registered a ess, I hereby c	ete performar igent. Or, if t confirm that t	ice his he
MAN Sig	mature of Registered Agent			ate		-
If signing on be	ehalf of an entity:					
CYNTHIA	ONGIL Typed or Printed Name					

\* \* \* FILING FEE: \$35.00 \* \* \*