


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90004 038 ****61.25

DOCUMENT # 747727

1. Entity Name
DEER RUN HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
P.O. BOX 677307
ORLANDO, FL 32867 US

Mailing Address
P O BOX 677307
ORLANDO, FL 32867-7307 US

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

40046287



01162008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2185860

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FRASCA, JOSEPH
C/O PREFERRED COMMUNITY MANAGEMENT
4962 N. PALM AVENUE
WINTER PARK, FL 32792

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	JOHN, MATEKA 245 TWELVE LEAGUE CIR CASSELBERRY, FL 32707	<input checked="" type="checkbox"/> Delete	
TITLE VD	STEVE, OLSON 241 TWELVE LEAGUE CIR CASSELBERRY, FL 32707	<input type="checkbox"/> Delete	
TITLE TD	GRIFFIN, RUTH 322 SHADOW OAK DR CASSELBERRY, FL 32707	<input type="checkbox"/> Delete	
TITLE SD	COON, JOHN 314 SHADOW OAK DR CASSELBERRY, FL 32707	<input checked="" type="checkbox"/> Delete	
TITLE PD	MERRIMAN, LYNN 500 EAGLE CIRCLE CASSELBERRY, FL 32707	<input type="checkbox"/> Delete	
TITLE NAME		<input type="checkbox"/> Delete	
TITLE SD	JO SAMMARTINO 498 EAGLE CIRCLE CASSELBERRY, FL 32707	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME	AT LARGE JASON YOUNG 512 EAGLE CIRCLE CASSELBERRY, FL 32707	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ruth Griffin **RUTH GRIFFIN** 3-13-08 4079371165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #