

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 759592 1. Entity Name DEER RUN SPRINGS II CONDOMINIUM PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 4329 CORAL SPRINGS DR. CORAL SPRINGS FL 33065 US			Mailing Address 4329 CORAL SPRINGS DR. CORAL SPRINGS FL 33065 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-2349938				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GROVES, ELIZABETH A 4329 CORAL SPRINGS DR. CORAL SPRINGS FL 33065			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	PD EASON, FRED 4333 CORAL SPRINGS DR CORAL SPRINGS FL 33065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	No change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KUHNLE, JOHN 4309 CORAL SPRINGS DRIVE CORAL SPRINGS FL 33065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000410020 02/09/06-80019-015 70.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS GROVES, ELIZABETH 4329 CORAL SPRINGS DRIVE CORAL SPRINGS FL 33065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	"	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS RICKERT, BEVERLY 4325 CORAL SPRINGS DRIVE CORAL SPRINGS FL 33065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	"	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.