

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759592

FILED
Jan 07, 2009
Secretary of State

Entity Name: DEER RUN SPRINGS II CONDOMINIUM PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4329 CORAL SPRINGS DR.
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

Current Mailing Address:

4329 CORAL SPRINGS DR.
CORAL SPRINGS, FL 33065 US

New Mailing Address:

FEI Number: 59-2349938 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GROVES, ELIZABETH A
4329 CORAL SPRINGS DR.
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EASON, FRED
Address: 4333 CORAL SPRINGS DR
City-St-Zip: CORAL SPRINGS, FL 33065

Title: V () Delete
Name: KUHNLE, JOHN
Address: 4313 CORAL SPRINGS DR.
City-St-Zip: CORAL SPRINGS, FL 33065

Title: TDS () Delete
Name: GROVES, ELIZABETH
Address: 4329 CORAL SPRINGS DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: TDS () Delete
Name: RICKERT, BEVERLY
Address: 4325 CORAL SPRINGS DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ELIZABETH GROVES

TDS

01/07/2009

Electronic Signature of Signing Officer or Director

Date