2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# 761166

Entity Name: DEER RUN HOMEOWNERS ASSOCIATION #6, INC.

Current Principal Place of Business:

C/O TOM PAGNILLO
120 BUCK CT
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

C/O TOM PAGNILLO
120 BUCK CT
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 59-2894386 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAGNILLO, TOM
120 BUCK COURT
CASSELBERRY, FL 32707 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: D ( ) Delete
Name: KRAAS, ANGELA
Address: 113 GALL CT
City-St-Zip: CASSELBERRY, FL 32707

Title: P ( ) Delete
Name: CAPOSTAGNO, FRANK
Address: 109 GULL CT.
City-St-Zip: CASSELBERRY,, FL 32707

Title: D ( ) Delete
Name: WILT, MR. ROBERT
Address: 111 DOE CT
City-St-Zip: CASSELBERRY, FL 32707

Title: D ( ) Delete
Name: HOWARD, JIMMIE
Address: 130 BUCK COURT
City-St-Zip: CASSELBERTY, FL 32707

Title: T ( ) Delete
Name: PAGNILLO, TOM
Address: 120 BUCK CT
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DEAN, LOYDD
Address: 369 EAGLE CIRCLE CT.
City-St-Zip: CASSELBERRY, FL 32707

Title: D (X) Change ( ) Addition
Name: CAPOSTAGNO, FRANK
Address: 109 GULL CT.
City-St-Zip: CASSELBERRY,, FL 32707

Title: P (X) Change ( ) Addition
Name: WILT, MR. ROBERT
Address: 111 DOE CT
City-St-Zip: CASSELBERRY, FL 32707

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: TOM PAGNILLO T 04/22/2009
Electronic Signature of Signing Officer or Director — Date