

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90112 038 ****61.25

DOCUMENT # 761991 1. Entity Name DEER RUN PROPERTY OWNERS ASSOCIATION #1, INC.					
Principal Place of Business P.O. BOX 181623 CASSELBERRY, FL 32718-1623			Mailing Address P.O. BOX 181623 CASSELBERRY, FL 32718-1623		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2434104	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAWKINS, MARK 204 FALLEN PALM DRIVE CASSELBERRY, FL 32707			7. Name and Address of New Registered Agent Name RICHARD HELBIG Street Address (P.O. Box Number is Not Acceptable) 930 NORTHERN DANCER WAY #104 City CASSELBERRY FL 32707		
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 <u><i>Richard Helbig</i></u> RICHARD HELBIG <u>01/18/2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DP DAWKINS, MARK 204 FALLEN PALM DR CASSELBERRY, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DENNIS DOROTHY 1564 ALMOND CT CASSELBERRY, FL 32707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SWIFT, RUSS 1548 CUTHILL WAY CASSELBERRY, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPRES. MILLER, JOHN 372 SAWGRASS DR. CASSELBERRY, FL 32707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEAN, LLOYD 395 EAGLE CIRCLE CASSELBERRY, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY WILLIAMS, GERRI 1300 BRIDLE BROOK DR. CASSELBERRY, FL 32707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FETTIG, STAN JR 508 PINESONG DR SAINT PETERSBURG, FL 33707	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER HELBIG, RICHARD 930 NORTHERN DANCER WAY #104 CASSELBERRY, FL 32707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLOCK, JOHN P 372 SAWGRASS DR CASSELBERRY, FL 32707	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DENNIS, DORRY 1564 ALMOND CT CHRISTMAS, FL 32709	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u><i>Richard Helbig</i></u> RICHARD HELBIG <u>01/18/07</u> (407) 463-3666 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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