**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT
**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # 763444 (7)**

1. Corporation Name
**DEER RUN HOMEOWNERS ASSOCIATION #21-A, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 311 GOOSECREEK DRIVE<br>P O BOX 3654<br>WINTER SPRINGS FL 32708 | 311 GOOSECREEK DRIVE<br>P O BOX 3654<br>WINTER SPRINGS FL 32708 |

3. Date Incorporated or Qualified: 05/25/1982
3a. Date of Last Report: 06/12/1995

2. Principal Place of Business
21: 360 Ringwood Circle
22: P.O. Box 3654
23 City & State: Winter Springs
24 Zip: 32708
25 Country: Semoran

2a. Mailing Address
26:
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip:
30 Country:

4. FEI Number: 59-2434106 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

EBNER, GARY M
311 GOOSECREEK DR
WINTER SPRINGS FL 32708

**10. Name and Address of New Registered Agent**

81 Name: John Llanio
82 Street Address (P.O. Box Number is Not Acceptable): 360 Ringwood Circle
83:
84 City: Winter Springs FL 85 Zip Code: 32708

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: John Llanio John LLANIO 7-18-96
Signature required or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SCHEID, ROBERT<br>334 GOOSECREEK DR<br>WINTER SPRINGS FL | ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | President<br>John Llanio<br>360 Ringwood Circle<br>Winter Springs, FL 32708 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>EBNER, GARY<br>311 GOOSECREEK DR<br>WINTER SPRINGS FL | ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | Vice President<br>Ralph Dibari<br>327 Goosecreek Drive<br>Winter Springs, FL 32708 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>STEWART, SCOTT<br>310 GOOSECREEK DR<br>WINTER SPRINGS FL | ☒ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | Secretary<br>Julie Schnitker<br>361 Ringwood Circle<br>Winter Springs, FL 32708 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>WILLIAMS, LLOYD<br>326 GOOSECREEK DR<br>WINTER SPRINGS FL | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ~~Treasurer~~ Director<br>Wayne Moore<br>325 Ringwood Circle<br>Winter Springs, FL 32708 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>BUELICH, KIM<br>300 RINGWOOD CIR.<br>WINTER SPRINGS FL | ☒ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | Director<br>Margie McClellan<br>319 Goosecreek Drive<br>Winter Springs, FL 32708 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | 900001901239<br>-07/23/96--01026--032<br>***61.25 | ☐ Change ☐ Addition<br>7/22/96 |

CR2E037 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** [signature] 7/2/96 407-662-5251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #