

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 22 1998 8:00am
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 763444

(7)

1. Corporation Name

DEER RUN HOMEOWNERS ASSOCIATION #21-A, INC.

Principal Place of Business

Mailing Address

360 RINGWOOD CIRCLE
P O BOX 3654
WINTER SPRINGS FL 32708

360 RINGWOOD CIRCLE
P O BOX 3654
WINTER SPRINGS FL 32708

3. Date Incorporated or Qualified

05/25/1982

4. FEI Number

59-2434106

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

LLANIO, JOHN
360 RINGWOOD CIRCLE
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

PD
LLANIO, JOHN
360 RINGWOOD CIRCLE
WINTER SPRINGS FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

VD
DIARI, RAPLH
327 GOOSECREEK DR
WINTER SPRINGS FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

SD
SCHNITKER, JULIE
341 RINGWOOD CIRCLE
WINTER SPRINGS FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TD
STROUSE, MARK
323 GOOSCREEK DR
WINTER SPRINGS FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

D
MCLELLAN, MARGIE
319 RINGWOOD CIRCLE
WINTER SPRINGS FL 32708

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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:

Mail Shave, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/98

407 839 3165
Date Daytime Phone #

CR2E037 (5/98)