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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **763444**

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

* 5 6 4 8 4 4 *
564844 - 90024 - 21

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

2. Principal Place of Business 21 360 Ringwood Cir 22 Suite, Apt. #, etc. — 23 City & State Winter Spring, FL 24 Zip 32708 25 Country USA	2a. Mailing Address 26 P.O. Box 195211 27 Suite, Apt. #, etc. — 28 City & State Winter Springs, FL 29 Zip 32708 30 Country USA	3. Date Incorporated or Qualifed 05/25/1982 4. FEI Number 59-2434106 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LLANIO, JOHN 360 RINGWOOD CIRCLE WINTER SPRINGS FL 32708	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LLANIO, JOHN 360 RINGWOOD CIRCLE WINTER SPRINGS FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D RAMESH KAGOLANU 408 Ringwood Cir Winter Springs, FL 32708	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DIBARI, RAPLH 327 GOOSECREEK DR WINTER SPRINGS FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MCCLELLAN, MARGIE 319 GOOSECREEK DRIVE WINTER SPRINGS FL 32708	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD STROUSE, MARK 323 GOOSCREEK DR WINTER SPRINGS FL	☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCLELLAN, MARGIE 319 RINGWOOD CIRCLE WINTER SPRINGS FL 32708	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ 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		☐ Change ☐ Addition

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: X Signature required John Llanio 5-24-99 407-696-5560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #