2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763444

1. Entity Name

DEER RUN HOMEOWNERS ASSOCIATION #21-A, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State
03-21-2000 90069 022 ****61.25

Principal Place of Business	Mailing Address
360 RINGWOOD CIRCLE WINTER SPRINGS FL 32708	P.O. BOX 195211 WINTER SPRINGS FL 32719-5211

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
165 W. SR 434	PO Box 950455
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Springs FL	City & State: Lake Mary FL
Zip: 32708 Country:	Zip: 32795-0455 Country:

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LLANIO, JOHN 360 RINGWOOD CIRCLE WINTER SPRINGS FL 32708	Name: EPM Services, Inc. Street Address (P.O. Box Number is Not Acceptable): 165 W. SR 434 City: Winter Springs FL Zip Code: 32708

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.

SIGNATURE: Anne H. Russell Anne H. Russell, President EPM Services Inc 3/7/00
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LLANIO, JOHN 360 RINGWOOD CIRCLE WINTER SPRINGS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DIBARI, RAPLH 327 GOOSECREEK DR WINTER SPRINGS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAGOLANY, RAMESH 408 RINGWOOD CIR. WINTER SPRINGS FL 32708	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD STROUSE, MARK 323 GOOSCREEK DR WINTER SPRINGS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 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: John Llanio JOHN LLANIO 3/15/00 407 322 5824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #