

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90130 044 ****61.25

DOCUMENT # 763444

1. Entity Name

DEER RUN HOMEOWNERS ASSOCIATION #21-A, INC.

Principal Place of Business

Mailing Address

**165 W. SR 434
WINTER SPRINGS FL 32708**

**P.O. BOX 950455
LAKE MARY FL 32795-0455**

2. Principal Place of Business

3. Mailing Address

P.O. Box 915322

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LONGWOOD, FL

Zip

Country

Zip

Country

32791

USA

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

**EPM SERVICES, INC.
165 W SR 434
WINTER SPRINGS FL 32708**

Name

NATIONAL ASSOCIATION MANAGEMENT COMPANY

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

165 WEST STATE ROAD 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

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

MARC A. BLUM

(NOTE: Registered Agent signature required when reinstating)

2-7-2002

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 **PD** ☒ Delete
NAME **LLANIO, JOHN**
STREET ADDRESS **360 RINGWOOD CIRCLE**
CITY-ST-ZIP **WINTER SPRINGS FL**

TITLE **PD** Change ☒ Addition
NAME **ZIMMERMAN, JEFF**
STREET ADDRESS **348 RINGWOOD CIRCLE**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE **VD** ☒ Delete
NAME **DIBARI, RAPLH**
STREET ADDRESS **327 GOOSECREAK DR**
CITY-ST-ZIP **WINTER SPRINGS FL**

TITLE **VD** Change ☒ Addition
NAME **MEIER, KURT**
STREET ADDRESS **309 RINGWOOD CIRCE**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE **D** ☒ Delete
NAME **KAGOLANY, RAMESH**
STREET ADDRESS **408 RINGWOOD CIR.**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **STD** ☐ Change ☒ Addition
NAME **MOORE, WAYNE**
STREET ADDRESS **325 RINGWOOD CIRCLE**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE **TD** ☒ Delete
NAME **STROUSE, MARK**
STREET ADDRESS **323 GOOSCREAK DR**
CITY-ST-ZIP **WINTER SPRINGS FL**

TITLE **D** ☐ Change ☒ Addition
NAME **SCHNITZER, STEVE**
STREET ADDRESS **341 RINGWOOD CIRCLE**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **MCOWEN, JIM**
STREET ADDRESS **405 RINGWOOD CIRCLE**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED ZIMMERMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/02 407-444-8327
Date Daytime Phone #

CR2E037 (9/01)