2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State 05-01-2006 90326 049 ****61.25 40032007 02012006 Chq-NP CR2E037 (11/05) 4. FEI Number 59-2434106 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Make check payable to \$5.00 May Be Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 □ Change ■ Addition

DOCUMENT #763444 DEER RUN HOMEOWNERS ASSOCIATION #21-A, INC. Principal Place of Business Mailing Address P.O. BOX 915322 165 W. SR 434 LONGWOOD, FL 32791 WINTER SPRINGS, FL 32708 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Zip Country Country 6. Name and Address of Current Registered Agent DALMERSTON LLC NATIONAL ASSOCIATION MANAGEMENT CO. Street Address (P.O. Box Number is Not Acceptable) 165 WEST STATE ROAD 434 WINTER SPRINGS, FL 32708 W STATE DO 434 WINTER SPUNGS 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE ∞ $^{\circ}$ Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 Trust Fund Contribution. Due by May 1, 2006 OFFICERS AND DIRECTORS 10. 11. PD TITLE Delete TITLE THOUSEN, KELVIN 301 RINGWOOD CIRCLE LUETZOW, JAMES NAME NAME STREET ADDRESS 380 RINGWOOD CIRCLE STREET ADDRESS WINTER SPRINGS, FL 32708 CITY-ST-ZIP WINTER SPRINGS, FL 32708 CITY-ST-ZIF TD TITLE ☐ Delete TITLE ARY, DOUGLAS NAME NAME STREET ADDRESS 384 RINGWOOD CIRCLE STREET ADDRESS WINTER SPRINGS, FL 32708 CITY-ST-ZIP CITY-ST-ZIP SD) - Delete TITLE □ Addition TITLE YOUNG, JEFF YOUNG, JEFF NAME NAME STREET ADDRESS 384 RINGWOOD CIRCLE STREET ADDRESS WINTER SPRINGS, FL 32708 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition TITLE SCHNITKER, STEVE NAME NAME 341 RINGWOOD CIRCLE STREET ADDRESS STREET ADDRESS WINTER SPRINGS, FL 32708 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition HORNER, JOHN NAME NAME STREET ADDRESS 306 GOOSECREEK DRIVE STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS, FL 32708 CITY-ST-ZIP ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 fustee 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.

PANESH SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR