


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90114 040 ****61.25

DOCUMENT # 770061 1. Entity Name DEER RUN HOMEOWNERS ASSOCIATION #10, INC.					
Principal Place of Business 347 SAWGRASS PLACE CASSELBERRY, FL 32707			Mailing Address 347 SAWGRASS PLACE CASSELBERRY, FL 32707		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent HOGSTEN, SUZANNE 347 SAWGRASS PLACE CASSELBERRY, FL 32707				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <i>Suzanne Hogsten</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>Treasurer</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		3-26-06 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEAMY, MICHAEL J 1637 PINEHURST DRIVE CASSELBERRY, FL 32707 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANDERSON, MARGARET 1558 PINEHURST DR CASSELBERRY, FL 32707 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHISENANT, WESLEY 1638 AUGUSTA WAY CASSELBERRY, FL 32707 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOGSTEN, SUZANNE 347 SAWGRASS PLACE CASSELBERRY, FL 32707 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAMORA, MARLENE 1631 AUGUSTA WAY CASSELBERRY, FL 32707 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	GODINEZ, MANUEL 1626 Pinchurst Dr Casselberry, FL 32707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZITO, MICHAEL 336 SAWGRASS PL CASSELBERRY, FL 32707 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRIDGWATER, NEAL 1605 Pinchurst Dr Casselberry, FL 32707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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 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: <i>Suzanne Hogsten</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2-26-06 <small>Date</small>		4076994361 <small>Daytime Phone #</small>	

ATTACHMENT

40041046

770061

11. ADDITIONS/CHANGES TO OFFICER AND DIRECTORS IN 10

TITLE:

D

✓ ADDITION

NAME:

JOHN GEMBECKI

STREET ADDRESS:

352 FAIRGREEN PL

CITY, ST:

CASSELBERRY, FL 32707