


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90191 048 ****61.25

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|--|---|--|---|---|--|
| 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 - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2547836 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 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 JOHN GEMBECKI Street Address (P.O. Box Number is Not Acceptable) 352 FAIRGREEN PLACE City CASSELBERRY FL Zip Code 32707 | | |
| 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 <u><i>John Gembecki</i></u> John Gembecki Treasurer <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 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 | (TD) JOHN GEMBECKI 352 FAIRGREEN PL CASSELBERRY, FL 32707 (TREASURER) |
| 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 checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | RANDY STOWELL (D) 1588 PINEHURST DR. CASSELBERRY, FL 32707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GODINEZ, MANUEL 1626 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 | D BRIDGEWATER, NEAL 1605 PINEHURST DR CASSELBERRY, FL 32707 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input 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: <u><i>Mike Leamy</i></u> (Mike Leamy) 3/6/07 (407) 2564206 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |