

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 19, 2006 8:00 am**  
**Secretary of State**

05-19-2006 90024 043 \*\*\*\*61.25

**DOCUMENT # N00798**

**1. Entity Name**  
**DEER RUN HOMEOWNERS ASSOCIATION #11, INC.**



**Principal Place of Business**  
P.O. BOX 300045  
FERN PARK, FL 32730-0045

**Mailing Address**  
P.O. BOX 300045  
FERN PARK, FL 32730-0045

**DO NOT WRITE IN THIS SPACE**



05072006 No Chg-NP

CR2E037 (4/06)

**4. FEI Number**  
**NOT APPLICABLE**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

KOLB, MICHAEL J  
409 WILDFox DR.  
CASSELBERRY, FL 32707

**DO NOT WRITE  
IN THIS SPACE**

**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** *[Signature]* **DTP**

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

(NOTE: Registered Agent signature required when reinstating)

**5/9/06**  
DATE

**Filing Fee is \$61.25  
Due by September 6, 2006**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DTP
NAME	KOLB, MICHAEL J <i>KOLB</i>
STREET ADDRESS	409 WIDFOX DRIVE
CITY - ST - ZIP	CASSELBERRY, FL 32707
TITLE	VP
NAME	LAPORTO, LOUIS
STREET ADDRESS	401 WILDFox DRIVE
CITY - ST - ZIP	CASSELBERRY, FL 32707
TITLE	S
NAME	RILEY, LEA ANN
STREET ADDRESS	433 WILDFox DRIVE
CITY - ST - ZIP	CASSELBERRY, FL 32707
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

**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 any other like empowered.**

**SIGNATURE:** *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/9/06**

Date

Daytime Phone #

**407-970-4512**