


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90090 043 \*\*\*\*70.00

<b>DOCUMENT # N00798</b>					
<b>1. Entity Name</b> DEER RUN HOMEOWNERS ASSOCIATION #11, INC.					
<b>Principal Place of Business</b> P.O. BOX 300045 FERN PARK, FL 32730-0045			<b>Mailing Address</b> P.O. BOX 300045 FERN PARK, FL 32730-0045		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> NOT APPLICABLE	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
KOLB, MICHAEL J 409 WILDFOX DR. CASSELBERRY, FL 32707			Name <u>JOHN AREND</u> Street Address (P.O. Box Number is Not Acceptable) <u>1660 WILD FOX DRIVE</u> City <u>CASSELBERRY</u> <u>FL</u> Zip Code <u>32707</u>		
<b>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.</b>					
SIGNATURE <u>John R. Arend</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>5/5/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	DTP	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad
NAME	KOLB, MICHAEL J		NAME	LOUIE LAFORT	
STREET ADDRESS	409 WIDFOX DRIVE		STREET ADDRESS	401 WILD FOX DRIVE	
CITY-ST-ZIP	CASSELBERRY, FL 32707		CITY-ST-ZIP	CASSELBERRY, FLA 32707	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad
NAME	RILEY, LEA ANN		NAME	LISA BELL	
STREET ADDRESS	433 WILDFOX DRIVE		STREET ADDRESS	1500 COUGAR COURT	
CITY-ST-ZIP	CASSELBERRY, FL 32707		CITY-ST-ZIP	CASSELBERRY, FLA 32707	
TITLE		<input type="checkbox"/> Delete	TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad
NAME			NAME	MICHAEL KOLB	
STREET ADDRESS			STREET ADDRESS	409 WILD FOX DRIVE	
CITY-ST-ZIP			CITY-ST-ZIP	CASSELBERRY, FLA 32707	
TITLE		<input type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad
NAME			NAME	JOHN AREND	
STREET ADDRESS			STREET ADDRESS	1660 WILD FOX DRIVE	
CITY-ST-ZIP			CITY-ST-ZIP	CASSELBERRY, FLA 32707	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

**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, changed, or on an attachment with an address, with all other like empowered.**

SIGNATURE: John R. Arend 5/5/07