

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02920

1. Entity Name
DEER RUN IMPROVEMENT ASSOCIATION, INC.



Principal Place of Business
1609-8 DEER RUN
STARKE, FL 32091

Mailing Address
1609-8 DEER RUN
STARKE, FL 32091

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

06292009* REIN-STATEMENT 099 (078-05)

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

7. Name and Address of New Registered Agent

BROWN, TERENCE
486 M TEMPLE
STARKE, FL 32091

Name
BRIDWELL, DONALD

Street Address (P.O. Box Number is Not Acceptable)

1609-9 DEER-RUN

City
STARKE

FL

Zip Code
32091

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 DONALD BRIDWELL

Donald Bridwell

7-6-09

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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	DVP MARKS, ANTHONY 1609-12 DEER RUN STARKE, FL 32092	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MARKS, KAREN 1609-12 DEER RUN STARKE, FL 32091	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, BENJAMIN MRS. 1609 #4 DEER RUN STARKE, FL 32091	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAFT, JAMES 819 PARKWOOD PL STARKE, FL 32091	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP YOUNG, BENJAMIN 1609-4 DEER RUN STARKE, FL 32091	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DONALD, BRIDWELL 1609-9 DEER-RUN STARKE FL- 32091	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CHARLES BOYER 1609-3 DEER-RUN STARKE FL- 32091	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OTS JEANETTE BRIDWELL 1609-9 DEER-RUN STARKE, FL- 32091	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM BARNES 1609-1 DEER-RUN STARKE, FL- 32091	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELORES CARBONI 1609-2 DEER-RUN STARKE FL- 32091	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400158273774 07/08/09--01050--001 **131.25	<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: DONALD BRIDWELL DONALD BRIDWELL

7-6-09 904-964-7774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #