2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N05000004796

TI FILED

Nov 12, 2007

Secretary of State

Entity Name: THE VILLAS AT DEER RUN TOWNHOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O LELAND MANAGEMENT
8009 S. ORANGE AVE
ORLANDO, FL 32809

232 WILSHIRE BLVD
CASSELBERY, FL 32707

Current Mailing Address: New Mailing Address:

C/O LELAND MANAGEMENT
8009 S. ORANGE AVE.
ORLANDO, FL 32809

232 WILSHIRE BLVD
CASSELBERRY, FL 32707

FEI Number: 59-3823014 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LELAND MANAGEMENT BARBER, FRANK P
8009 S ORANGE AVE. 232 WILSHIRE BLVD
ORLANDO, FL 32809 US CASSELBERRY, FL 32707 US

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.

SIGNATURE: FRANK PAUL BARBER 11/12/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

 Name:
 VALENCE, CHARLES
 Name:

 Address:
 1450 BARKING DEER COVE
 Address:

 City-St-Zip:
 CASSELBERRY, FL 32707
 City-St-Zip:

Title: VP () Delete Title: () Change () Addition

 Name:
 CATALA-BEAUCHAMP, AIXA I
 Name:

 Address:
 1468 BARKING DEER COVE
 Address:

 City-St-Zip:
 CASSELBERRY, FL 32707
 City-St-Zip:

Title: S/T () Delete Title: () Change () Addition

 Name:
 BLINDERMAN, PAIGE C
 Name:

 Address:
 1474 BARKING DEER COVE
 Address:

 City-St-Zip:
 CASSELBERRY, FL 32707
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK PAUL BARBER R/A 11/12/2007