2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Jul 23, 2008 DOCUMENT# N05618 Secretary of State

Entity Name: DEER RUN HOMEOWNERS ASSOCIATION #20, INC.

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

165 WEST SR 434 427 HORNBILL PLACE

WINTER SPRINGS, FL 32708 WINTER SPRINGS, FL 32708 US LIS

Current Mailing Address: New Mailing Address:

P.O. BOX 197043 427 HORNBILL PLACE

WINTER SPRINGS, FL 327197043 WINTER SPRINGS, FL 32708 US

FEI Number: 59-2484642 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

PALMERSTON, LLC TIERNEY, JAMES P 165 WEST SR 434 427 HORNBILL PLACE

WINTER SPRINGS, FL 32708 US WINTER SPRINGS, FL 32708 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: JAMES P TIERNEY 07/23/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

SAHR, VICKIE ALVARADO, VICTOR Name: Name: 426 HORNBILL PL Address: 419 HORNBILL PL Address:

City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: WINTER SPRINGS, FL 32708

Title: TD () Delete Title: () Change () Addition

Name: TIERNEY, JIM Name: Address: 427 HORNBILL PL Address: WINTER SPRINGS, FL 32708 City-St-Zip: City-St-Zip:

Title: () Delete Title: (X) Change () Addition

WILSON, CHANDRA Name: RAINES, MICHAEL Name: 405 S BUCKSKIN WAY 423 HORNBILL PLACE Address: Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: WINTER SPRINGS, FL 32708

Title: VΡ () Delete Title: (X) Change () Addition

CASTILLO, JERRY Name: Name: SAHR, RALPH 426 HORNBILL PLACE Address: 440 BUCKSKIN CT Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: WINTER SPRINGS, FL 32708

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: JAMES P TIERNEY TD 07/23/2008