2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# N14560

Entity Name: DEER RUN HOMEOWNERS ASSOCIATION UNIT #15, INC.

Current Principal Place of Business:

PO BOX 195924
WINTER SPRINGS, FL 327195924

New Principal Place of Business:

Current Mailing Address:

PO BOX 195924
WINTER SPRINGS, FL 327195924

New Mailing Address:

FEI Number: 59-2852081 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BYRD, LORENZO S
4354 CLOVERLEAF PL
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	STD	( ) Delete
Name:	BYRD, LORENZO S	
Address:	4354 CLOVERLEAF PL	
City-St-Zip:	CASSELBERRY, FL 32707	
Title:	PD	( ) Delete
Name:	SAMELSON, MORDECHAI	
Address:	4225 CLOVERLEAF PL	
City-St-Zip:	CASSELBERRY, FL 32707	
Title:	VPD	( ) Delete
Name:	NELSON, RUDOLPH E	
Address:	4306 CLOVERLEAF PLACE	
City-St-Zip:	CASSELBERRY, FL 32707	
Title:	BDMD	( ) Delete
Name:	ELLIOTT, KATHLEEN G	
Address:	4330 CLOVERLEAF PLACE	
City-St-Zip:	CASSELBERRY, FL 32707	
Title:	BDMD	(X) Delete
Name:	ROGERS, JESSE E	
Address:	4386 FOX HOLLOW CIR.	
City-St-Zip:	CASSELBERRY, FL 32707	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VPD	(X) Change ( ) Addition
Name:	MAJOR, JOHN	
Address:	4324 CLOVERLEAF PL.	
City-St-Zip:	CASSELBERRY, FL 32707	
Title:	BDMD	(X) Change ( ) Addition
Name:	SWANSON, ROBERT H	
Address:	4428 FOX HOLLOW CIR.	
City-St-Zip:	CASSELBERRY, FL 32707	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LORENZO S BYRD STD 04/13/2005

Electronic Signature of Signing Officer or Director — Date