

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14560

FILED
May 05, 2006
Secretary of State

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

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BYRD, LORENZO S
4354 CLOVERLEAF PL
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: _____

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: MAJOR, JOHN
Address: 4324 CLOVERLEAF PL.
City-St-Zip: CASSELBERRY, FL 32707

Title: BDMD () Delete
Name: SWANSON, ROBERT H
Address: 4428 FOX HOLLOW CIR.
City-St-Zip: CASSELBERRY, FL 32707

Title: () Delete
Name:
Address:
City-St-Zip:

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: BRUNO, DAVID
Address: 4276 CLOVERLEAF PL.
City-St-Zip: CASSELBERRY, FL 32707

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: BDMD () Change (X) Addition
Name: RAMOS, DALILA
Address: 4264 CLOVERLEAF PL
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the 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: LORENZO S BYRD

STD

05/05/2006

Electronic Signature of Signing Officer or Director

Date