

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90033 019 ****61.25

DOCUMENT # N14560

1. Entity Name

DEER RUN HOMEOWNERS ASSOCIATION UNIT #15,
INC.



Principal Place of Business

4208 CLOVERLEAF PLACE
CASSELBERRY FL 32707

Mailing Address

PO BOX 195924
WINTER SPRINGS FL 32719-5924

2. Principal Place of Business - No P.O. Box #
4200 CLOVERLEAF PL

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CASSELBERRY FL

City & State

Zip

Country

Country

4. FEI Number

59-2852081

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

SCHUBERT, SUSAN E
4208 CLOVERLEAF PLACE
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name **LAUNA DUNOVAN - SHARPE**

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

4200 CLOVERLEAF PL

CASSELBERRY,

City

FL

Zip Code

32707

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

Launa Dunovan Sharpe

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

(NOTE: Registered Agent signature required when reinstating)

2-10-08

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHARPE, LAUNA	
STREET ADDRESS	4220 CLOVERLEAF PLACE	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GONZALEZ, JOSEPH P	
STREET ADDRESS	4253 CLOVERLEAF PLACE	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SWENSON, NANCY	
STREET ADDRESS	4229 CLOVERLEAF PLACE	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SCHUBERT, SUSAN E	
STREET ADDRESS	4208 CLOVERLEAF PLACE	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	BDMD	<input type="checkbox"/> Delete
NAME	SWANSON, ROBERT H	
STREET ADDRESS	4428 FOX HOLLOW CIRCLE	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Launa Dunovan Sharpe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-08