

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14560

FILED  
Apr 27, 2009  
Secretary of State

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

**Current Principal Place of Business:**

4220 CLOVERLEAF PL  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

282 FALLING LEAF LANE  
CASSELBERRY, FL 32707

**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:**

SHARPE, LAUNA D  
4220 CLOVERLEAF PL  
CASSELBERRY, FL 32707 US

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

DRIGGS, MARY E  
282 FALLING LEAF LANE  
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: MARY E DRIGGS

04/27/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SHARPE, LAUNA  
Address: 4220 CLOVERLEAF PLACE  
City-St-Zip: CASSELBERRY, FL 32707

Title: VPD ( ) Delete  
Name: GONZALEZ, JOSEPH P  
Address: 4253 CLOVERLEAF PLACE  
City-St-Zip: CASSELBERRY, FL 32707

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: DICKERMAN, DOUGLAS  
Address: 4410 FOX HOLLOW CIRCLE  
City-St-Zip: CASSELBERRY, FL 32707

Title: VP (X) Change ( ) Addition  
Name: RUDDY, JAMES  
Address: 4401 FOX HOLLOW CIRCLE  
City-St-Zip: CASSELBERRY, FL 32707

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

Title: SEC ( ) Change (X) Addition  
Name: DRIGGS, MARY E  
Address: 282 FALLING LEAF LANE  
City-St-Zip: CASSELBERRY, FL 32707

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: MARY E DRIGGS

SEC

04/27/2009

Electronic Signature of Signing Officer or Director

Date