

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90039 014 ****61.25

DOCUMENT # N18260 1. Entity Name DEER RUN HOMEOWNERS ASSOCIATION #17, INC.					
Principal Place of Business 4962 N PALM AVE. WINTER PARK, FL 32792 US			Mailing Address PO BOX 677307 ORLANDO, FL 32867 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01162008 Chg-NP CR2E037 (12/06)	
4. FEI Number 20-8492828 NOT APPLICABLE				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRASCA, JOSEPH C/O PREFERRED COMMUNITY MGMT. 4962 N PALM AVE. WINTER PARK, FL 32792			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRINCE, JACKIE		NAME	Paul Fitzgerald	
STREET ADDRESS	4012 BUGLER'S REST PLACE		STREET ADDRESS	321 Hearth Lane	
CITY-ST-ZIP	CASSELBERRY, FL 32707		CITY-ST-ZIP	Casselberry, FL 32707	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRINCE, JACKIE		NAME	Robert Toretti	
STREET ADDRESS	4012 BUGLER REST PLACE		STREET ADDRESS	4127 Buglers Rest Place	
CITY-ST-ZIP	CASSELBERRY, FL 32707		CITY-ST-ZIP	Casselberry, FL 32707	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZGERALD, KATHERINE		NAME	Katherine Fitzgerald	
STREET ADDRESS	321 HEARTH LANE		STREET ADDRESS	321 Hearth Lane	
CITY-ST-ZIP	CASSELBERRY, FL 32707		CITY-ST-ZIP	Casselberry, FL 32707	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Katherine M. Fitzgerald</u> - KATHERINE FITZGERALD 2/23/08 321-239-9143					