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**Mar 10, 1999 8:00 am**
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NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

# DOCUMENT # N46765

1. Corporation Name
**DEERSONG HOMEOWNERS' ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 271 SAN GABRIEL ST<br>WINTER SPRINGS FL 32708<br>US | 271 SAN GABRIEL ST<br>WINTER SPRINGS FL 32708<br>US |

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

3. Date Incorporated or Qualifed: 01/09/1992
4. FEI Number: 59-3243900 ☐ Applied For ☐ Not Applicable
5. Certifcate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

**9. Name and Address of Current Registered Agent**

BUTLER, KIMBERLY
954 MARCH HARE CT
WINTER SPRINGS FL 32708

**10. Name and Address of New Registered Agent**

81 Name: John A Barnocky
82 Street Address (P.O. Box Number is Not Acceptable): 890 Northern Way Ste A-1
83
84 City: Winter Springs FL 85 Zip Code: 32708

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: John A Barnocky — DATE: 3/6/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>BUTLER, KIMBERLY<br>325 SAN GABRIEL ST<br>WINTER SPRINGS FL 32708 | ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | PD<br>Camille Sienkowski<br>201 San Gabriel Street<br>Winter Springs, FL 32708 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>GIESELER, JACQUELIN<br>278 SAN GABRIEL ST<br>WINTER SPRINGS FL 32708 | ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | VD<br>Marcus McGinnis<br>209 San Gabriel Street<br>Winter Springs, FL 32708 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MD<br>BROWN, KEVIN<br>329 SAN GABRIEL ST<br>WINTER SPRINGS FL | ☒ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | SD<br>Yvonne Williams<br>266 San Gabriel Street<br>Winter Springs, FL 32708 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>GUERRINA, GAIL<br>203 SAN GABRIEL ST<br>WINTER SPRINGS FL | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | TD | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | Charles Bollers<br>325 San Rafael Street<br>Winter Springs, FL 32708 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Camille Sienkowski SIGNATURE REQUIRED Camille Sienkowski 3/8/99 (407)327-3440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #