2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000990

FILED Apr 12, 2008 Secretary of State

Entity Name: DEER RUN HOMEOWNERS ASSOCIATION OF SARASOTA INC

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	BUCK LANE TA, FL 34240	US			
urrent N	/lailing Addres	ss:	New Mailing Addres	s:	
	BUCK LANE TA, FL 34240	US			
El Number	r: 65-0902931	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
lame and	d Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:	
	, PHILIP BUCK LANE				
ARASO	TA, FL 34240	US			
he above	TA, FL 34240		ourpose of changing its registere	ed office or registered agent, or both,	
he above the Stat	TA, FL 34240 e named entity : e of Florida.		ourpose of changing its registere	ed office or registered agent, or both,	
he above the Stat	TA, FL 34240 e named entity : e of Florida. RE:			ed office or registered agent, or both, Date	
the above the Stat	TA, FL 34240 e named entity : e of Florida. RE:	submits this statement for the particles of Registered Age	ent		
the above the Stat	TA, FL 34240 e named entity se of Florida. RE: Electror S AND DIREC DP () SMITH, JERRY 8440 BIG BUC	submits this statement for the particles of Registered Age TORS: Delete KLN.	ent	Date	
he above the Stat GNATU FFICER tte: ame: ddress:	TA, FL 34240 e named entity se of Florida. RE: Electron S AND DIREC DP () SMITH, JERRY 8440 BIG BUCK SARASOTA, FL	submits this statement for the partic Signature of Registered Age TORS: Delete K LN. 34240 Delete X K LN.	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR	

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: PHILIP GRABER D 04/12/2008