# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 13, 2006 8:00 am**
**Secretary of State**
04-13-2006 90295 017 ****61.25

DOCUMENT # N02000000345

1. Entity Name
DEBARY PLANTATION UNIT 21B HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6081 CENTRAL PARK BLVD.<br>PORT ORANGE, FL 32127 | P.O. BOX 290628<br>PORT ORANGE, FL 32129 |

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04092006 No Chg-NP CR2E037 (11/05)

4. FEI Number
58-2669774
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FRYE, KAREN M
6081 CENTRAL PARK BLVD.
PORT ORANGE, FL 32127

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | GERKEN, BRETT D |
| STREET ADDRESS | PO BOX 291293 |
| CITY-ST-ZIP | PORT ORANGE, FL 32129 |
| TITLE | VD |
| NAME | CARBONE, JOHN |
| STREET ADDRESS | ~~1071 COUNTRY CLUB DRIVE~~ 2545 S. Atlantic Ave |
| CITY-ST-ZIP | ~~PORT ORANGE, FL 32124~~ Daytona Bch Shores, FL 32128 |
| TITLE | STD |
| NAME | FRYE, KAREN M |
| STREET ADDRESS | PO BOX 290628 |
| CITY-ST-ZIP | PORT ORANGE, FL 32129 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:** Karen M Frye Karen M. Frye 4/7/06 386 788-8496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #