

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N36082** (8)

1. Corporation Name

**DEBARY PLANTATION COMMUNITY ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

100 DEBARY PLANTATION BOULEVARD  
DEBARY FL 32713  
US

PO BOX 975  
DEBARY FL 32713  
US

3. Date Incorporated or Qualified  
**01/09/1990**

3a. Date of Last Report  
**04/12/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HALL, CAROLYN W.  
100 DEBARY PLANTATION BOULEVARD  
SUITE 1009  
DEBARY FL 32713

81 Name **JACK AFFLEBACH**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**100 DEBARY PLANTATION BLVD**  
83  
84 City **DEBARY** FL 85 Zip Code **32713**

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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

*[Signature]*

**J.P. AFFLEBACH**

**4/30/96**

Signature typed or printed name of registered agent and the 4 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	AFFLEBACH, JEFF	
STREET ADDRESS	100 DEBARY PLANTATION BOULEVARD	
CITY-ST-ZIP	DEBARY FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	IRBY, PEGGY	
STREET ADDRESS	100 DEBARY PLANTATION BOULEVARD	
CITY-ST-ZIP	DEBARY FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	HALL, CAROLYN W.	
STREET ADDRESS	100 DEBARY PLANTATION BOULEVARD	
CITY-ST-ZIP	DEBARY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	AFFLEBACH, JACK	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VAN ANKER, ROGER	
2.3 STREET ADDRESS	100 DEBARY PLANTATION BOULEVARD	
2.4 CITY-ST-ZIP	DEBARY, FL	
3.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CHESSER, BETTY L.	
3.3 STREET ADDRESS	100 DEBARY PLANTATION BOULEVARD	
3.4 CITY-ST-ZIP	DEBARY, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*[Signature]*

**J.P. AFFLEBACH**

**4/30/96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)