

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jun 02, 2009
Secretary of State**

DOCUMENT# N36082

Entity Name: DEBARY PLANTATION COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**107 N. LINE DR.
APOPKA, FL 32703 US**New Principal Place of Business:**225 S WESTMONTE DR
STE #3310
ALTAMONTE SPRINGS, FL 32714 US**Current Mailing Address:**107 N. LINE DR.
APOPKA, FL 32703 US**New Mailing Address:**PO BOX 162147
ALTAMONTE SPRINGS, FL 32716 US

FEI Number: 59-2946179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:**Name and Address of New Registered Agent:**PFAUSER, MARGO A
225 S WESTMONTE DR
#3310
ALTAMONTE SPRINGS, FL 32714 US

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.

SIGNATURE: MARGO A PFAUSER

06/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD () Delete
Name: KELTING, PETE
Address: 138 HICKORY STICK CT.
City-St-Zip: DEBARY, FL 32713 USTitle: () Change () Addition
Name:
Address:
City-St-Zip:Title: VPD () Delete
Name: SHEPARD, JOHN
Address: 445 QUAIL MEADOW COURT
City-St-Zip: DEBARY, FL 32713 USTitle: () Change () Addition
Name:
Address:
City-St-Zip:Title: SD () Delete
Name: AZARIAN, RALPH
Address: 236 BIRDIEWOOD COURT
City-St-Zip: DEBARY, FL 32713 USTitle: () Change () Addition
Name:
Address:
City-St-Zip:Title: TD () Delete
Name: JENKINS, PHIL
Address: 137 HAMMOCK OAK CIRCLE
City-St-Zip: DEBARY, FL 32713 USTitle: () Change () Addition
Name:
Address:
City-St-Zip:Title: D () Delete
Name: NUNNERY, CURRIE M
Address: 232 EAGLE ESTATES DRIVE
City-St-Zip: DEBARY, FL 32713 USTitle: () Change () Addition
Name:
Address:
City-St-Zip:Title: D () Delete
Name: SILVER, RODNEY E
Address: 308 HAMMOCK OAK CIRCLE
City-St-Zip: DEBARY, FL 32713 USTitle: () Change () Addition
Name:
Address:
City-St-Zip:

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: PETE KELTING

PD

06/02/2009

Electronic Signature of Signing Officer or Director

Date