

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36082

FILED  
Feb 29, 2012  
Secretary of State

**Entity Name:** DEBARY PLANTATION COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O SOUNDVIEW PROPERTY MANAGEMENT  
2095 INDIAN RIVER BLVD  
VERO BEACH, FL 32960 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 162147  
ALTAMONTE SPRINGS, FL 32716 US

**New Mailing Address:**

C/O SOUNDVIEW PROPERTY MANAGEMENT  
2095 INDIAN RIVER BLVD  
VERO BEACH, FL 32960 US

**FEI Number:** 59-2946179      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PALESRINI, PAUL  
2095 INDIAN RIVER BLVD  
VERO BEACH, FL 32960 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MCLEAN, DAVID  
Address: 2095 INDIAN RIVER BLVD  
City-St-Zip: VERO BEACH, FL 32960

Title: VP  
Name: SILVER, RODNEY  
Address: 2095 INDIAN RIVER BLVD  
City-St-Zip: VERO BEACH, FL 32960 US

Title: T  
Name: BERRY, LYNN  
Address: 2095 INDIAN RIVER BLVD  
City-St-Zip: VERO BEACH, FL 32960 US

Title: S  
Name: NEWMARK, BARBARA  
Address: 2095 INDIAN RIVER BLVD  
City-St-Zip: VERO BEACH, FL 32960 US

Title: D  
Name: KOLBA, MIKE  
Address: 2095 INDIAN RIVER BLVD  
City-St-Zip: VERO BEACH, FL 32960 US

Title: D  
Name: SIPLER, BARBARA  
Address: 2095 INDIAN RIVER BLVD  
City-St-Zip: VERO BEACH, FL 32960 US

I hereby 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 all other like empowered.

SIGNATURE: PAUL PALESTRINI

RA

02/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date