

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 # N93000004491 (7)

1. Corporation Name

DEBARY PLANTATION UNIT 7A HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

100 DEBARY PLANTATION BLVD.
DEBARY FL 32713

POST OFFICE BOX 975
DEBARY FL 32713
US

3. Date Incorporated or Qualified
10/05/1993

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

29 Zip Country

4. FEI Number
59-3207904

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PALMETTO CHARTER SERVICES INC.
150 MAGNOLIA AVE.
DAYTONA BEACH FL 32114

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 617.1508, 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, type or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

J.P. Afflebach

J.P. AFFLEBACH

4/30/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	AFFLEBACH, JACK	
STREET ADDRESS	100 DEBARY PLANTATION BLVD.	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	HALL, CAROLYN W	
STREET ADDRESS	100 DEBARY PLANTATION BLVD.	
CITY-ST-ZIP	DEBARY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VERNON, WILLIAM G	
STREET ADDRESS	100 DEBARY PLANTATION BLVD.	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	RECK, EULYNN H	
STREET ADDRESS	100 DEBARY PLANTATION BLVD.	
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		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VTD
2.3 STREET ADDRESS	GHESSER, BETTY L.
2.4 CITY-ST-ZIP	100 DEBARY PLANTATION BLVD. DEBARY, FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DS
4.3 STREET ADDRESS	VAN AUCKEN, LOREN
4.4 CITY-ST-ZIP	100 DEBARY PLANTATION BLVD DEBARY, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	300001860188
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-06/12/96--01103--003
6.3 STREET ADDRESS	***61.25
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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.P. Afflebach
J.P. AFFLEBACH

4/30/96

Daytime Phone #

CR2E037 (12/95)

5/1/96