

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$236.25)

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
 Oct 08 1998 8:00am
 Secretary of State

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

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

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

Country

24

25

2. Mailing Address

26 100 De Bary Plantation Blvd
 Suite, Apt #, etc.

27 City & State

28 De Bary, FL

29 Zip

Country

30

9. Name and Address of Current Registered Agent

AFFLEBACH, JACK
 100 DEBARY PLANTATION BLVD.
 DEBARY FL 32713

10. Name and Address of New Registered Agent

B1 Name XAVIER F. ROSALES
 B2 Street Address (P.O. Box Number is Not Acceptable) 100 DEBARY PLANTATION BLVD
 B3
 B4 City DEBARY FL B5 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 *Xavier F. Rosales*
 Signature, typed to print name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	AFFLEBACH, JACK	
STREET ADDRESS	100 DEBARY PLANTATION BLVD.	
CITY-STATE-ZIP	DEBARY FL 32713	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	CHESSER, BETTY L.	
STREET ADDRESS	100 DEBARY PLANTATION BLVD.	
CITY-STATE-ZIP	DEBARY FL 32713	
TITLE	D/S	<input type="checkbox"/> DELETE
NAME	VAN AUCKER, ROGER	
STREET ADDRESS	100 DEBARY PLANTATION BLVD.	
CITY-STATE-ZIP	DEBARY FL 32713	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	William G. VERNON	
1.3 STREET ADDRESS	100 DEBARY PLANTATION BLVD	
1.4 CITY-STATE-ZIP	DEBARY, FL 32713	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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: *William G. Vernon*

SIGNATURE AND PRINTED OR PUNTI D NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone: #

CR2E037 (5/98)