

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 23, 2001 8:00 am**  
**Secretary of State**

0027050

**DOCUMENT # N93000004491**

03-23-2001 90026 049 \*\*\*\*61.25

1. Entity Name

**DEBARY PLANTATION UNIT 7A HOMEOWNERS ASSOCIATION**

Principal Place of Business

Mailing Address

JMC PROPERTY MANDLEMENT  
 5370 GULF OF MEXICO DR.  
 LONGBOAT KEY FL 34228

5695 BEGGS RD  
 STE. B-100  
 ORLANDO FL 32810  
 US

00007434



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**The Thornton Co.**

**5695 Beggs Road,**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**5695 Beggs Road, Ste B-100**

**Suite B-100**

City & State

City & State

**Orlando**

**Orlando**

Zip

Country

Zip

Country

**32810**

**USA**

**32810**

**USA**

4. FEI Number

**59-3207904**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THORTON, HARKLEY R ESQ.**  
**5695 BEGGS RD.**  
**STE B-100**  
**ORLANDO FL**

Name

**Harkley R. Thornton, Esq. +**

Street Address (P.O. Box Number is Not Acceptable)

**5695 Beggs Road, Ste B-100**

City

**Orlando**

**FL**

Zip Code

**32810**

8. 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

*Harkley R Thornton*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P**  Delete  
 NAME **QUIRK, WILLIAM T**  
 STREET ADDRESS **413 FENWICK CT.**  
 CITY-ST-ZIP **DEBARY FL 32713**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **CUMMING, LELAND**  
 STREET ADDRESS **336 FERNHILL DR.**  
 CITY-ST-ZIP **DEBARY FL 32713**

TITLE  Change  Addition  
 NAME **Cummings, Leland**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPD**  Delete  
 NAME **RIPPLE, DAVID**  
 STREET ADDRESS **343 FOXHILL DR.**  
 CITY-ST-ZIP **DEBARY FL 32713**

TITLE  Change  Addition  
 NAME **Font, Bill**  
 STREET ADDRESS **397 Fenwick Court**  
 CITY-ST-ZIP **DeBary, FL 32713**

TITLE **S**  Delete  
 NAME **ROACH, RAYMOND**  
 STREET ADDRESS **487 FOXHILL DR.**  
 CITY-ST-ZIP **DEBARY FL 32713**

TITLE  Change  Addition  
 NAME **Forrest, Patricia**  
 STREET ADDRESS **459 Foxhill Drive**  
 CITY-ST-ZIP **DeBary, FL 32713**

TITLE **D**  Delete  
 NAME **RAPE, JOHN**  
 STREET ADDRESS **409 FENWICK CT.**  
 CITY-ST-ZIP **DEBARY FL 32713**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*William T Quirk*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/13/01**  
 Date

Daytime Phone #

CR2E037 (10/00)