

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 # N95000001546 (9)

1. Corporation Name

THE RESERVE AT DEBARY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

555 WINDERLEY PLACE, SUITE 420
MAITLAND FL 32751

555 WINDERLEY PLACE, SUITE 420
MAITLAND FL 32751

3. Date Incorporated or Qualified

03/30/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**MOHLE, HELMUT
555 WINDERLEY PLACE, SUITE 420
MAITLAND FL 32751**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Mohle, Helmut L.
STREET ADDRESS		1.3 STREET ADDRESS	555 Winderley Place Suite 420
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Maitland, FL 32751
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	DST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	George, Cheryl A.
STREET ADDRESS		2.3 STREET ADDRESS	555 Winderley Place Suite 420
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Maitland, FL 32751
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Koelble, Janice C.
STREET ADDRESS		3.3 STREET ADDRESS	555 Winderley Place Suite 420
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Maitland, FL 32751
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on the attachment with an address.

SIGNATURE:

Helmut Mohle
Helmut Mohle

March 6, 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)