

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000001546 (9)**

1. Corporation Name

**THE RESERVE AT DEBARY HOMEOWNERS ASSOCIATION, IN C.**

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**

4. FEI Number

**59-3306292**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GILBERT, JOHN W  
555 WINDERLY PLACE, SUITE 420  
MAITLAND FL 32751**

81 Name

**O'Sullivan, Charlie**

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

**555 Winderley Place, Suite 420**

83

84 City

**Maitland**

FL

85

Zip Code  
**32751**

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



**Charlie O'Sullivan**

**4/17/98**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	GILBERT, JOHN	
STREET ADDRESS	555 WINDERLY PLACE SUITE 420	
CITY-ST-ZIP	MAITLAND FL	

TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, WADE	
STREET ADDRESS	555 WINDERELY PL STE 420	
CITY-ST-ZIP	MAITLAND FL	

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	PARKER, JENNIFER	
STREET ADDRESS	555 WINDERELY PL STE 420	
CITY-ST-ZIP	MAITLAND FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	O'Sullivan, Charlie	
1.3 STREET ADDRESS	555 Winderley Place, Suite 420	
1.4 CITY-ST-ZIP	Maitland, FL 32751	

2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RUSHNELL, DEVON	
2.3 STREET ADDRESS	555 WINDERLEY PLACE, SUITE 420	
2.4 CITY-ST-ZIP	MAITLAND FL 32751	

3.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Parker, Jennifer	
3.3 STREET ADDRESS	555 Winderley Place, Suite 420	
3.4 CITY-ST-ZIP	Maitland, FL 32751	

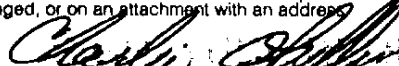
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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:



**Charlie O'Sullivan**

**4/17/98**

**(407)875-1001**

CR2E037 (10/97)