

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 28 1998 8:00am
Secretary of State**

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

1. Corporation Name
THE RESERVE AT DEBARY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 555 WINDERLEY PLACE, SUITE 420 MAITLAND FL 32751	Mailing Address 555 WINDERLEY PLACE, SUITE 420 MAITLAND FL 32751
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3. Date Incorporated or Qualified
03/30/1995

4. FEI Number
59-3306292

Applied For	Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	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

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

10. Name and Address of New Registered Agent

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* **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		DELETED
TITLE	DP	<input checked="" type="checkbox"/>
NAME	GILBERT, JOHN	
STREET ADDRESS	555 WINDERLY PLACE SUITE 420	
CITY-ST-ZIP	MAITLAND FL	
TITLE	DST	<input checked="" type="checkbox"/>
NAME	SMITH, WADE	
STREET ADDRESS	555 WINDERELY PL STE 420	
CITY-ST-ZIP	MAITLAND FL	
TITLE	DV	<input checked="" type="checkbox"/>
NAME	PARKER, JENNIFER	
STREET ADDRESS	555 WINDERELY PL STE 420	
CITY-ST-ZIP	MAITLAND FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
1.1 TITLE	DP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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* **Charlie O'Sullivan** **4/17/98** **(407)875-1001**

CR2E037 (10/97)