

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 22, 2000 8:00 am
Secretary of State

04-27-2000 90034 039 ****61.25

DOCUMENT # N95000001546

1. Entity Name

THE RESERVE AT DEBARY HOMEOWNERS ASSOCIATION, IN

Principal Place of Business

Mailing Address

555 WINDERLEY PLACE, SUITE 420
 MAITLAND FL 32751

555 WINDERLEY PLACE, SUITE 420
 MAITLAND FL 32751-7143

2. Principal Place of Business

3. Mailing Address

1633 E. Vinc Street

1633 E. Vinc Street

Suite, Apt. #, etc.

Suite 110

Suite, Apt. #, etc.

Suite 110

City & State

Kissimmee FL

City & State

Kissimmee FL

4. FEI Number

59-3306292

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

O'SULLIVAN CHARLIE
 555 WINDERLEY PLACE
 STE 420
 MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name Leland Management, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
1633 E. Vinc Street
Suite 110
 City Kissimmee FL 34744

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 Rebecca Meghee

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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	O'SULLIVAN, CHARLIE	
STREET ADDRESS	555 WINDERLY PLACE SUITE 420	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	COOK, CHARLES E	
STREET ADDRESS	555 WINDERELY PL STE 420	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	PARKER, JENNIFER	
STREET ADDRESS	555 WINDERELY PL STE 420	
CITY-ST-ZIP	MAITLAND FL 32751	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID HOGARTH	
STREET ADDRESS	79 WENTWOOD DRIVE	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL MAXWELL	
STREET ADDRESS	53 VALLEYWOOD DRIVE	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOE NAULT	
STREET ADDRESS	95 WENTWOOD	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 or without other like empowered.

SIGNATURE: David Hogarth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-12-00 Daytime Phone # (407) 668-7871

CR2E037 (9/99)