

2001 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-12-2001 90458 028 ****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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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

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 *Richard D. Murphy*

3-21-01

Signature, typed or printed name of registered agent and use 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 NAME STREET ADDRESS CITY-ST-ZIP	DP O'SULLIVAN, CHARLIE 555 WINDERLY PLACE SUITE 420 MAITLAND FL 32751	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COOK, CHARLES E 555 WINDERELY PL STE 420 MAITLAND FL 32751	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PARKER, JENNIFER 555 WINDERELY PL STE 420 MAITLAND FL 32751	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jim Tills 91 WENTWOOD DR DEBARY, FL 32713	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCOTT GRISSOM 48 PLEASANT HILL DR. DEBARY, FL 32713	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVE HOGARTH 79 WENTWOOD DR. DEBARY, FL 32713	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T LESLIE KOONTZ 19 WENTWOOD DR DEBARY, FL 32713	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D J.O.E. NAULT 95 WENTWOOD DR DEBARY, FL 32713	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JIM PALMER 50 WENTWOOD DR DEBARY, FL 32713	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAIG UMBARGA 309 ENSLEYWOOD DR DEBARY, FL 32713	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

~~SIGNATURE REQUIRED~~

3/7/01

Date

Daytime Phone #

CR2E037 (10/00)