

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90054 003 ****61.25

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03182004 Chg-NP CR2E037 (10/03)

DOCUMENT # N95000001546					
1. Entity Name THE RESERVE AT DEBARY HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business % LELAND MANAGEMENT INC. 1633 E VINE ST, SUITE 110 KISSIMMEE, FL 34744			Mailing Address % LELAND MANAGEMENT INC. 1633 E VINE ST, SUITE 110 KISSIMMEE, FL 34744		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3306292	
Applied For Not Applicable.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LELAND MANAGEMENT INC. 1633 E VINE ST SUITE 110 KISSIMMEE, FL 34744			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Thomas J. Sedor* DATE: 4/8/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRISSOM, SCOTT 48 PLEASANT HOLE DR. DEBARY, FL 32713	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIT Michael S. Cutillo 74 Forest Eagle Court Debary, FL 32713	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOGARTH, DAVE 79 WENTWOOD DR. DEBARY, FL 32713	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOGARTH, DAVE 79 WENTWOOD DR. DEBARY, FL 32713	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOONTZ, LESLIE 19 WENTWOOD DR. DEBARY, FL 32713	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Koontz, Leslie 19 Wentwood Drive Debary FL 32713	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEDOR, THOMAS 99 WENTWOOD DR DEBARY, FL 32713	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Sedor, Thomas 99 Wentwood Drive Debary FL 32713	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAVARRE, MICHAEL 17 PLEASANT HILL DR. DEBARY, FL 32713	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAXWELL, CAROL 53 VALLEYWOOD DR. DEBARY, FL 32713	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Maxwell, Carol 53 Valleywood Drive Debary, FL 32713	<input checked="" 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: *Thomas J. Sedor* THOMAS J. SEDOR 03/23/04 386-753-9318

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone