## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000001546

FILED Apr 18, 2006 Secretary of State

Entity Name: THE RESERVE AT DEBARY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 8009 S. ORANGE AVE. ORLANDO, FL 32809 **Current Mailing Address: New Mailing Address:** 8009 S. ORANGE AVE ORLANDO, FL 32809 FEI Number: 59-3306292 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LELAND MANAGEMENT INC. 8009 S. ORANGE AVE. ORLANDO, FL 32809 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete CUTILLO, MICHAEL S MCCANDLESS, CONNIE Name: Name: 74 FOREST EAGLE COURT Address: 225 ENGLENOOK DRIVE Address: City-St-Zip: DEBARY, FL 32713 City-St-Zip: DEBARY, FL 32713 Title: PD ( ) Delete Title: (X) Change ( ) Addition HOGARTH, DAVE Name: CUTILLO, MICHAEL Name: Address: 79 WENTWOOD DR. Address: 74 FOREST EAGLE COURT City-St-Zip: DEBARY, FL 32713 City-St-Zip: DEBARY, FL 32713 Title: VD. () Delete Title: (X) Change ( ) Addition COPELAND, ANNA KOONTZ, LESLIE Name: Name: 123 WENTWOOD DRIVE Address: 19 WENTWOOD DR Address: City-St-Zip: DEBARY, FL 32713 City-St-Zip: DEBARY, FL 32713 Title: () Delete Title: TR (X) Change ( ) Addition Name: MAXWELL, CAROL Name: COPELAND, JOHN 123 WENTWOOD DRIVE Address: 53 VALLEYWOOD DR. Address: City-St-Zip: DEBARY, FL 32713 City-St-Zip: DEBARY, FL 32713 Title: () Delete Title: ( ) Change (X) Addition GRIMES, MICHAEL Name: Name: P.O. BOX 950597 Address: Address: City-St-Zip: City-St-Zip: LAKE MARY, FL 32795

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE MCCANDLESS P 04/18/2006