

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001546

FILED  
Apr 15, 2009  
Secretary of State

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

**Current Principal Place of Business:**

5955 T.G. LEE BLVD.  
SUITE 300  
ORLANDO, FL 32822

**New Principal Place of Business:**

6972 LAKE GLORIA BLVD  
ORLANDO, FL 32809

**Current Mailing Address:**

5955 T.G. LEE BLVD.  
SUITE 300  
ORLANDO, FL 32822

**New Mailing Address:**

6972 LAKE GLORIA BLVD  
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:**

LELAND MANAGEMENT INC.  
5955 T.G. LEE BLVD.  
SUITE 300  
ORLANDO, FL 32822 US

**Name and Address of New Registered Agent:**

HOLMQUIST, LINDA  
6972 LAKE GLORIA BLVD  
ORLANDO, FL 32809 US

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: LINDA HOLMQUIST

04/15/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PR ( ) Delete  
Name: HOLMQUIST, LINDA  
Address: 18 WENTWOOD DRIVE  
City-St-Zip: DEBARY, FL 32713

Title: S/TR ( ) Delete  
Name: SLAYTON, TROY  
Address: 229 ENGLENOOK DRIVE  
City-St-Zip: DEBARY, FL 32713

Title: VP ( ) Delete  
Name: SMITH, KEN  
Address: 90 WENTWOOD DRIVE  
City-St-Zip: DEBARY, FL 32713

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: SMITH, KENNETH  
Address: 90 WENTWOOD DRIVE  
City-St-Zip: DEBARY, FL 32713

Title: S/TR (X) Change ( ) Addition  
Name: CZECH, ALEX  
Address: 99 WENTWOOD DRIVE  
City-St-Zip: DEBARY, FL 32713

I hereby certify that the information supplied with this filing does not qualify 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: LINDA HOLMQUIST

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date