

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 18 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000002816 (4)**  
 1. Corporation Name

**DEBARY UNIT 15 HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>100 DEBARY PLANTATION BLVD DEBARY FL</b>	Mailing Address <b>100 DEBARY PLANTATION BLVD DEBARY FL 32713</b>
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3. Date Incorporated or Qualified <b>05/20/1996</b>
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4. FEI Number <b>59-3480310</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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22 City & State	27 City & State
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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23 Zip	25 Country	28 Zip	30 Country
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7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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24	25	29	30
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>AFFLEBACH, JACK 100 DEBARY PLANTATION BLVD DEBARY FL 32713</b>	
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10. Name and Address of New Registered Agent	
81 Name <b>LISTON DAVID</b>	
82 Street Address (P.O. Box Number Is Not Acceptable) <b>610 JMC PROPERTY MANAGEMENT</b>	
83 <b>3174 GULF OF MEXICO DRIVE</b>	
84 City <b>LONGBOAT KEY</b>	85 Zip Code <b>FL 34228</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *David L. Liston* **DAVID L. LISTON** DATE **2/12/98**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AFFLEBACH, JACK</b>	1.2 NAME	
STREET ADDRESS	<b>100 DEBARY PLANTATION BLVD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEBARY FL 32713</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHESSER, BETTY</b>	2.2 NAME	
STREET ADDRESS	<b>100 DEBARY PLANTATION BLVD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEBARY FL 32713</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VAN AUKEER, ROGER</b>	3.2 NAME	
STREET ADDRESS	<b>100 DEBARY PLANTATION BLVD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEBARY FL 32713</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *David L. Liston* **DAVID L. LISTON** DATE **2/12/98** 407 668-7054

CR2E037 (10/97)