


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90395 012 \*\*\*\*61.25

**DOCUMENT # N96000002816**

1. Entity Name  
**DEBARY UNIT 15 HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**5695 BEGGS ROAD #100 190 N. Westmonte Dr.**  
**STE B-100**  
**ORLANDO, FL 32810**  
*Altamonte Springs, FL 32714*

Mailing Address  
**5695 BEGGS ROAD #100 190 N. Westmonte Dr.**  
**STE B-100**  
**ORLANDO, FL 32810 US**  
*Altamonte Springs, FL 32714*

44041289



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01132004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3480310**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**SUTHERLAND, THERESA**  
**5695 BEGGS ROAD, STE B-100**  
**STE B-100**  
**ORLANDO, FL 32810**

7. Name and Address of New Registered Agent  
 Name **Campbell, Marilyn**  
 Street Address (P.O. Box Number is Not Acceptable)  
**190 N. Westmonte Dr.**  
**#100**  
 City **Altamonte Springs** **FL** Zip Code **32714**

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 *Marilyn Campbell* DATE **4/27/04**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	VERNON, BILL	100 DEBARY PLANTATION BLVD	DEBARY, FL 32713	<input checked="" type="checkbox"/>
VD	PREMER, ROY	100 DEBARY PLANTATION BLVD	DEBARY, FL 32713	<input checked="" type="checkbox"/>
STD	VAN AUKER, ROGER	100 DEBARY PLANTATION BLVD	DEBARY, FL 32713	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
FD	Pisani, Edward	200 Eagle Estates Dr.	Debary, FL 32713	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD	Nunnery, Currie	232 Eagle Estates Dr.	Debary, FL 32713	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	Dickey, Walter	236 Eagle Estates Dr.	Debary, FL 32713	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	Masters, Joe	229 Eagle Estates Dr.	Debary, FL 32713	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Wilson, Tony	281 Eagle Estates Dr.	Debary, FL 32713	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Edward Pisani* DATE: **4/28/04** DAYTIME PHONE #: **386-668-2224**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Edward Pisani**