

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Oct 12, 2009  
Secretary of State**

DOCUMENT# N96000002816

Entity Name: DEBARY UNIT 15 HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**232 EAGLE ESTATES DRIVE  
DEBARY, FL 32713 US**New Principal Place of Business:**225 S. WESTMONTE DRIVE  
SUITE 3310  
ALTAMONTE SPRINGS, FL 32714 US**Current Mailing Address:**860 NORTH S.R. 434  
SUITE 1009  
ALTAMONTE SPRINGS, FL 32714 US**New Mailing Address:**PO BOX 162147  
ALTAMONTE SPRINGS, FL 32716 US

FEI Number: 59-3480310

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**MARILYN, CAMPBELL  
860 NORTH S.R. 434  
SUITE 1009  
ALTAMONTE SPRINGS, FL 32714 US**Name and Address of New Registered Agent:**PFAUSER, MARGO  
225 S. WESTMONTE DRIVE  
SUITE 3310  
ALTAMONTE SPRINGS, FL 32714 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: MARGO PFAUSER

10/12/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: VP ( ) Delete  
Name: REGAN, KEVIN VP  
Address: 204 EAGLE ESTATES DR.  
City-St-Zip: DEBARY, FL 32713 USTitle: T ( ) Delete  
Name: MASTERS, JOE T  
Address: 228 EAGLES ESTATES DR.  
City-St-Zip: DEBARY, FL 32713 USTitle: S ( ) Delete  
Name: WARREN, SALLY S  
Address: 216 EAGLE ESTATES DR.  
City-St-Zip: DEBARY, FL 32713 USTitle: P ( ) Delete  
Name: NUNNERY, ANNE  
Address: 232 EAGLE ESTATES DR.  
City-St-Zip: DEBARY, FL 32713 USTitle: D ( ) Delete  
Name: GLOMB, TIFANY D  
Address: 244 EAGLE ESTATES DR  
City-St-Zip: DEBARY, FL 32713 USTitle: MGR ( ) Delete  
Name: HERNQUIST, EDITH A MGR  
Address: 860 NORTH S.R. 434, SUITE 1009  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ANNE NUNNERY

P

10/12/2009

Electronic Signature of Signing Officer or Director

Date