

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jul 13, 2000 8:00 am
Secretary of State

05-20-2000 90001 032 ****61.25

DOCUMENT # N98000006854

1. Entity Name

DEBARY UNIT 17 HOMEOWNERS ASSOCIATION, INC.

R

Principal Place of Business

Mailing Address

100 DEBARY PLANTATION BLVD.
DEBARY FL

100 DEBARY PLANTATION BLVD.
DEBARY FL 32713-2201



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5695 Beggs Road

5695 Beggs Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B-100

Suite B-100

City & State

City & State

Orlando

Orlando, FL

Zip

Country
USA

Zip

Country
US

32810

32810

4. FEI Number

65-0935352

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROST, SCOTT R
228 PARK AVE, NORTH, STE B
WINTER PARK FL 32789

Name
Thornton, Harkley R. Esq.

Street Address (P.O. Box Number is Not Acceptable)

5695 Beggs Road, Suite B-100

City
Orlando

FL

Zip Code

32810

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.

SIGNATURE

Harkley R. Thornton

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete VERNON, WILLIAM G 100 DEBARY PLANTATION BLVD. DEBARY FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Vernon, W.G. 100 DeBary Plantation Blvd DeBary, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CHESSER, BETTY 100 DEBARY PLANTATION BLVD. DEBARY FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Primer, Roy 100 DeBary Plantation Blvd DeBary, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete VAN AUKER, ROGER 100 DEBARY PLANTATION BLVD. DEBARY FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	s/t/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Van Auker, Roger 100 DeBary Plantation Blvd DeBary, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/98)

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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-2000

Date

Daytime Phone #