

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90012 015 ****61.25

17016

DOCUMENT # N98000006854

1. Entity Name

DEBARY UNIT 17 HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5695 BEGGS RD
 STE B-100
 ORLANDO FL 32810

5695 BEGGS RD
 STE B-100
 ORLANDO FL 32810

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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
5695 BEGGS RD
STE B-100
ORLANDO FL 32810

Name

HARKLEY R. Thornton, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE Delete
 NAME **PD**
VERNON, WILLIAM G
 STREET ADDRESS **100 DEBARY PLANTATION BLVD.**
 CITY-ST-ZIP **DEBARY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **STD**
VAN AUKER, ROGER
 STREET ADDRESS **100 DEBARY PLANTATION BLVD.**
 CITY-ST-ZIP **DEBARY FL 32713**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD**
PRIMER, ROY
 STREET ADDRESS **100 DEBARY PLANTATION BLVD.**
 CITY-ST-ZIP **DEBARY FL 32713**

TITLE Change Addition
 NAME **Roy Premer**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-01

Date

Daytime Phone #

CR2E037 (10/00)