

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2007
Secretary of State**

DOCUMENT# N98000006854

Entity Name: DEBARY UNIT 17 HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

107 N. LINE DR.
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

107 N. LINE DR.
APOPKA, FL 32703

New Mailing Address:

FEI Number: 65-0935352 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUTHERLAND, THERESA D
107 N. LINE DR.
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHANEY, RAY
Address: 524 SOTHEBY WAY
City-St-Zip: DEBARY, FL 32713 US

Title: VD () Delete
Name: HAYGOOD, RAY
Address: 27 S. HWY 17-92
City-St-Zip: DEBARY, FL 32713 US

Title: VD2 () Delete
Name: DESHAZO, JAMES
Address: 488 SOTHEBY WAY
City-St-Zip: DEBARY, FL 32713 US

Title: SD () Delete
Name: STARKWEATHER, GARY
Address: 687 NEWHALL LANE
City-St-Zip: DEBARY, FL 32713 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD2 (X) Change () Addition
Name: ANDRES, DOUGLAS
Address: NO ADDRESS GIVEN
City-St-Zip: DEBARY, FL 32713 US

Title: VD1 (X) Change () Addition
Name: HAYGOOD, RAY
Address: 27 S. HWY 17-92
City-St-Zip: DEBARY, FL 32713 US

Title: SD (X) Change () Addition
Name: BARR, WAYNE
Address: 507 NEWHALL LANE
City-St-Zip: DEBARY, FL 32713 US

Title: PD (X) Change () Addition
Name: STARKWEATHER, GARY
Address: 687 NEWHALL LANE
City-St-Zip: DEBARY, FL 32713 US

Title: D () Change (X) Addition
Name: MCLEAN, DAVID
Address: 2578 ENTERPRISE RD. #342
City-St-Zip: ORANGE CITY, FL 32762

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: GARY STARKWEATHER

PD

04/29/2007

Electronic Signature of Signing Officer or Director

Date