

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006854

FILED
Apr 13, 2009
Secretary of State

Entity Name: DEBARY PLANTATION 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: STARKWEATHER, GARY
Address: 687 NEWHALL LANE
City-St-Zip: DEBARY, FL 32713 US

Title: VD1 () Delete
Name: HAYGOOD, RAY
Address: 100 DEBARY PLANTATION BLVD
City-St-Zip: DEBARY, FL 32713 US

Title: 2VPD () Delete
Name: ANDRES, DOUGLAS
Address: 683 NEWHALL LANE
City-St-Zip: DEBARY, FL 32713 US

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

Title: TD () Delete
Name: CLARK, ALBERT
Address: 517 WESTON PLACE
City-St-Zip: DEBARY, FL 32713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ANDRES, DOUGLAS
Address: 683 NEWHALL LANE
City-St-Zip: DEBARY, FL 32713 US

Title: VD1 (X) Change () Addition
Name: BARR, WAYNE
Address: 507 NEWHALL LANE
City-St-Zip: DEBARY, FL 32713 US

Title: 2VPD (X) Change () Addition
Name: CHANEY, RAYMOND
Address: 524 SOTHEBY WAY
City-St-Zip: DEBARY, FL 32713 US

Title: SD (X) Change () Addition
Name: CHRISTIAN, SHIRLEY
Address: 481 SOTHEBY WAY
City-St-Zip: DEBARY, FL 32713 US

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: DOUGLAS ANDRES

PD

04/13/2009

Electronic Signature of Signing Officer or Director

Date