

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006854

FILED  
Apr 16, 2010  
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  
Name: ANDRES, DOUGLAS  
Address: 683 NEWHALL LANE  
City-St-Zip: DEBARY, FL 32713 US

Title: VPD  
Name: BARR, WAYNE  
Address: 507 NEWHALL LANE  
City-St-Zip: DEBARY, FL 32713 US

Title: D  
Name: GIBSON, LYNN  
Address: 511 NEWHALL LANE  
City-St-Zip: DEBARY, FL 32713 US

Title: SD  
Name: CHRISTIAN, SHIRLEY  
Address: 481 SOTHEBY WAY  
City-St-Zip: DEBARY, FL 32713 US

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

I hereby 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 all other like empowered.

SIGNATURE: DOUGLAS ANDRES

PD

04/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date