

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36082

FILED
Mar 26, 2020
Secretary of State
4860975496CC

Entity Name: DEBARY PLANTATION COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

640 E. STATE ROAD 434 SUITE 3000
LONGWOOD, FL 32750

Current Mailing Address:

640 E. STATE ROAD 434 SUITE 3000
LONGWOOD, FL 32750 US

FEI Number: 59-2946179

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BONO AND ASSOCIATES
640 E. STATE ROAD 434 SUITE 3000
LONGWOOD, FL 32750 US

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: MICHAEL L BONO

03/26/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name BLONDER, PAULA
Address 640 E. STATE ROAD 434 SUITE 3000
City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR
Name JENKINS, PHIL
Address 640 E. STATE ROAD 434 SUITE 3000
City-State-Zip: LONGWOOD FL 32750

Title SECRETARY
Name ERSSON, CHRISTOPHER
Address 640 E. STATE ROAD 434 SUITE 3000
City-State-Zip: LONGWOOD FL 32750

Title TREASURER
Name HERMANN, RICHARD
Address 640 E. STATE ROAD 434 SUITE 3000
City-State-Zip: LONGWOOD FL 32750

Title VP
Name GOODING, KEN
Address 640 E. STATE ROAD 434 SUITE 3000
City-State-Zip: LONGWOOD FL 32750

Title PRESIDENT
Name SOUERS, PHILIP
Address 640 E. STATE ROAD 434 SUITE 3000
City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR
Name GRAY, JOAN
Address 640 E. STATE ROAD 434 SUITE 3000
City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR
Name ROSSI, THOMAS
Address 640 E. STATE ROAD 434 SUITE 3000
City-State-Zip: LONGWOOD FL 32750

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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: PHILIP SOUERS

PRESIDENT

03/26/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name REELEY, DIANA
Address 640 E. STATE ROAD 434 SUITE 3000
City-State-Zip: LONGWOOD FL 32750