

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36082

**Entity Name:** DEBARY PLANTATION COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

761 CIARA CREEK COVE  
LONGWOOD, FL 32750

**Current Mailing Address:**

761 CIARA CREEK COVE  
LONGWOOD, FL 32750 US

**FEI Number:** 59-2946179

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BONO AND ASSOCIATES  
761 CIARA CREEK COVE  
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

04/25/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name MCLEAN, DAVID  
Address 761 CIARA CREEK COVE  
City-State-Zip: LONGWOOD FL 32750

Title VP  
Name JENKINS, PHIL  
Address 761 CIARA CREEK COVE  
City-State-Zip: LONGWOOD FL 32750

Title PRESIDENT  
Name MANNINO, CATHERINE  
Address 761 CIARA CREEK COVE  
City-State-Zip: LONGWOOD FL 32750

Title TREASURER  
Name GALLAGHER, AUDREY  
Address 761 CIARA CREEK COVE  
City-State-Zip: LONGWOOD FL 32750

Title SECRETARY  
Name NEWMARK, BARBARA  
Address 761 CIARA CREEK COVE  
City-State-Zip: LONGWOOD FL 32750

Title D  
Name TOUCH, MICHAEL  
Address 761 CIARA CREEK COVE  
City-State-Zip: LONGWOOD FL 32750

Title D  
Name BONNETT, PREBBLE  
Address 761 CIARA CREEK COVE  
City-State-Zip: LONGWOOD FL 32750

Title D  
Name HOFFER, GERALD  
Address 761 CIARA CREEK COVE  
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:** CATHERINE MANNINO

PRESIDENT

04/25/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name REELEY, DIANA  
Address 761 CIARA CREEK COVE  
City-State-Zip: LONGWOOD FL 32750