

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002816

**FILED
Apr 20, 2016
Secretary of State
CC9781102313**

Entity Name: DEBARY UNIT 15 HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

225 S WESTMONTE DR
STE #3310
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

PO BOX 162147
ALTAMONTE SPRINGS, FL 32716 US

FEI Number: 59-3480310

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VISTA COMMUNITY ASSOCIATION MANAGEMENT
225 S WESTMONTE DR
#3310
ALTAMONTE SPRINGS, FL 32714 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SHOCKLEY, TERRY
Address PO BOX 162147
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title VP
Name BOSCO, HARRY
Address P.O. BOX 162147
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title SECRETARY
Name WILSON, TONY
Address PO BOX 162147
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title TREASURER
Name COX, JOHN
Address PO BOX 162147
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title DIRECTOR
Name DANIELE, TOM
Address PO BOX 162147
City-State-Zip: ALTAMONTE SPRINGS FL

Title DIRECTOR
Name GLOMB, TIMOTHY
Address PO BOX 162147
City-State-Zip: ALTAMONTE SPRINGS FL

Title DIRECTOR
Name WARREN, SALLY
Address PO BOX 162147
City-State-Zip: ALTAMONTE SPRINGS FL

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: TERRY SHOCKLEY

PRESIDENT

04/20/2016

Electronic Signature of Signing Officer/Director Detail

Date