

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000006854

**Entity Name:** DEBARY PLANTATION UNIT 17 HOMEOWNERS ASSOCIATION INC.

**FILED  
Apr 13, 2017  
Secretary of State  
CC1946895360**

**Current Principal Place of Business:**

107 N. LINE DR.  
APOPKA, FL 32703

**Current Mailing Address:**

107 N. LINE DR.  
APOPKA, FL 32703 US

**FEI Number: 65-0935352**

**Certificate of Status Desired: No**

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

SUTHERLAND, THERESA D  
107 N. LINE DR.  
APOPKA, FL 32703 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           SCHICKOFKE, BOB  
Address        107 N. LINE DR.  
City-State-Zip: APOPKA FL 32703

Title           VP  
Name           WEBER, WILLIAM C  
Address        107 N. LINE DR.  
City-State-Zip: APOPKA FL 32703

Title           SECRETARY  
Name           ATTARD, BOB  
Address        107 N. LINE DR.  
City-State-Zip: APOPKA FL 32703

Title           TREASURER  
Name           BARR, WAYNE  
Address        107 N. LINE DR.  
City-State-Zip: APOPKA FL 32703

Title           DIRECTOR  
Name           PUMA, JANET C  
Address        107 N. LINE DR.  
City-State-Zip: APOPKA FL 32703

*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: BOB SCHICKOFKE**

**PRESIDENT**

**04/13/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date