

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000345

FILED
Feb 23, 2009
Secretary of State

Entity Name: DEBARY PLANTATION UNIT 21B HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6081 CENTRAL PARK BLVD.
PORT ORANGE, FL 32127

New Principal Place of Business:

116 CANAL STREET
SUITE A
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

P.O. BOX 290628
PORT ORANGE, FL 32129

New Mailing Address:

116 CANAL STREET
SUITE A
NEW SMYRNA BEACH, FL 32168

FEI Number: 58-2669774

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRYE, KAREN M
6081 CENTRAL PARK BLVD.
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

BAUMANN, KARLA
116 CANAL STREET
SUITE A
NEW SMYRNA BEACH, FL 32168 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: KARLA BAUMANN

02/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: GERKEN, BRETT D
Address: PO BOX 291293
City-St-Zip: PORT ORANGE, FL 32129

Title: STD () Delete
Name: FRYE, KAREN M
Address: PO BOX 290628
City-St-Zip: PORT ORANGE, FL 32129

Title: P () Delete
Name: WHITECARAGE, ALBERT
Address: 222 LAURDAN CT
City-St-Zip: DEBARY, FL 32713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: MULTARI, VITO
Address: 116 CANAL STREET, SUITE A
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: T/D (X) Change () Addition
Name: GANGITANO, JIM
Address: 116 CANAL STREET, SUITE A
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: S/D (X) Change () Addition
Name: LUKOMSKI, DOLORES
Address: 116 CANAL STREET, SUITE A
City-St-Zip: NEW SMYRNA BEACH, FL 32168

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: VITO MULTARI

P/D

02/23/2009

Electronic Signature of Signing Officer or Director

Date