

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90197 001 ****70.00

DOCUMENT # N19140

1. Entity Name
DELTONA FARMS ESTATES OWNERS ASSOCIATION, INC.



Principal Place of Business
**3300 ELKCAM BLVD
P O BOX 390333
DELTONA, FL 32739-0333 US**

Mailing Address
**P O BOX 390333
DELTONA, FL 32739-0333 US**



2. Principal Place of Business - No P.O. Box #
3375 RIVERHEAD DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072007 Chg-NP CR2E037.(12/06)

City & State
DELTONA, FL

City & State

4. FEI Number
59-2966549

Applied For
Not Applicable

Zip
32738

Country
USA

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOVILL, MIRIAM
3300 ELKCAM
DELTONA, FL 32738**

Name
PATRICIA M. ABBEY

Street Address (P.O. Box Number is Not Acceptable)
3375 RIVERHEAD DR.

City
DELTONA

FL

Zip Code
32738

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Patricia M. Abbey Treasurer

4/23/07

Signature, typed or printed name of registered agent, or both, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
VALDES, ERICK
3285 RIVERHEAD DRIVE
DELTONA, FL 32738** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PV
WORMSBECHER, KEITH
3370 RIVERHEAD DR.
DELTONA, FL 32738** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
LAURIE, RUSSELL
550 PEMBERTON AVE.
DELTONA, FL 32738** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
BOVILL, MIRIAM
3300 ELKCAM BLVD.
DELTONA, FL 32738** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WOOD, MAVIS
2110 OLD TRAIN OLD ROAD
DELTONA, FL 32738** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MONGELLO, NICK
3325 RIVERHEAD DR.
DELTONA, FL 32738** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3320 RIVERHEAD DR
DELTONA, FL 32738** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
PATRICIA M. ABBEY
3375 RIVERHEAD DR.
DELTONA, FL 32738** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patricia M. Abbey

4/23/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #