

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.			
City & State DELTONA, FL		City & State		4. FEI Number 59-2966549	
Zip 32738		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOVILL, MIRIAM 3300 ELKCAM DELTONA, FL 32738			7. Name and Address of New Registered Agent		
			Name PATRICIA M. ABBGY		
			Street Address (P.O. Box Number is Not Acceptable) 3375 RIVERHEAD DR.		
			City DELTONA		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 <u><i>Patricia M. Abbggy</i></u> Treasurer				DATE 4/23/07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALDES, ERICK 3285 RIVERHEAD DRIVE DELTONA, FL 32738	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV WORMSBECHER, KEITH 3370 RIVERHEAD DR. DELTONA, FL 32738	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAURIE, RUSSELL 550 PEMBERTON AVE. DELTONA, FL 32738	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOVILL, MIRIAM 3300 ELKCAM BLVD. DELTONA, FL 32738	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, MAVIS 2110 OLD TRAIN OLD ROAD DELTONA, FL 32738	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONGELLO, NICK 3325 RIVERHEAD DR. DELTONA, FL 32738	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Nick Mongello</i></u>				DATE 4/23/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	