

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19140

FILED
Jan 11, 2009
Secretary of State

Entity Name: DELTONA FARMS ESTATES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2170 OLD TRAIN RD
DELTONA, FL 32738 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 390333
DELTONA, FL 327390333 US

New Mailing Address:

FEI Number: 59-2966549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEFFRIES, HOWARD A
2170 OLD TRAIN RD
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ABBGY, STEVE
Address: 3375 RIVERHEAD DR
City-St-Zip: DELTONA, FL 32738

Title: VP () Delete
Name: ARCARO, DAVID
Address: 2015 OLD TRAIN RD
City-St-Zip: DELTONA, FL 32738

Title: S () Delete
Name: WORMSBECHER, JEANIE
Address: 3370 RIVERHEAD DR
City-St-Zip: DELTONA, FL 32738

Title: T () Delete
Name: JEFFRIES, HOWARD A
Address: 2170 OLD TRAIN RD
City-St-Zip: DELTONA, FL 32738

Title: D () Delete
Name: HEFLIN, JERRY
Address: 3285 ELKCAM BLVD
City-St-Zip: DELTONA, FL 32738

Title: D () Delete
Name: ABBGY, PATRICIA
Address: 3375 RIVERHEAD DR
City-St-Zip: DELTONA, FL 32738

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HOWARD A JEFFRIES

TRES

01/11/2009

Electronic Signature of Signing Officer or Director

Date