

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 17 1998 8:00am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N47167** (4)

1. Corporation Name

DELTONA LAKES ELEMENTARY SCHOOL PTA, INC.

Principal Place of Business

Mailing Address

2022 ADELIA BLVD
DELTONA FL 32725
US

2022 ADELIA BLVD
DELTONA FL 32725
US



3. Date Incorporated or Qualified

02/03/1992

4. FEI Number

59-2285705

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?



Yes



No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

BALL, SHERI
2182 VANCE RD
DELTONA FL 32738

10. Name and Address of New Registered Agent

81 Name

Diane Obremski

82 Street Address (P.O. Box Number is Not Acceptable)

2140 Vance Rd.

83

84 City

Deltona

FL

85 Zip Code

32738

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

Diane M. Obremski

(NOTE: Registered Agent signature required when reinstating)

DATE

9-9-98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	OBREMSKI, DIANE	
STREET ADDRESS	2140 VANCE RD	
CITY-ST-ZIP	DELTONA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DEZARUBA, SONIA	
STREET ADDRESS	1759 FT SMITH BLVD	
CITY-ST-ZIP	DELTONA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	OESLA, BONNIE	
STREET ADDRESS	405 GLEN ABBEY LN	
CITY-ST-ZIP	DEBARY FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WILKINS, BONNIE	
STREET ADDRESS	1841 NAPLES CIRCLE	
CITY-ST-ZIP	DELTONA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MORELLA, CAROL	
STREET ADDRESS	1887 SUMATRA AVE	
CITY-ST-ZIP	DELTONA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Josie Ruiz
2.3 STREET ADDRESS	2152 Vance Rd
2.4 CITY-ST-ZIP	Deltona FL 32738
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Melanie O'Connor
4.3 STREET ADDRESS	2022 Adelia Blvd.
4.4 CITY-ST-ZIP	Deltona, FL 32725
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Margaret Haley
5.3 STREET ADDRESS	2022 Adelia Blvd
5.4 CITY-ST-ZIP	Deltona, FL 32725
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Cheryl Bailey
6.3 STREET ADDRESS	2022 Adelia Blvd.
6.4 CITY-ST-ZIP	Deltona FL 32725

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 118.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Diane M. Obremski

9-9-98

(904) 789-7015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)