

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 30, 1999 8:00 am
Secretary of State

08-30-1999 90011 012 ****61.25

DOCUMENT # N47167

1. Corporation Name

DELTONA LAKES ELEMENTARY SCHOOL PTA, INC.

Principal Place of Business

2022 ADELIA BLVD
DELTONA FL 32725
US

Mailing Address

2022 ADELIA BLVD
DELTONA FL 32725
US

610760-90011-12



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

OBREMSKI, DIANE
2140 VANCE RD
DELTONA FL 32738

10. Name and Address of New Registered Agent

81 Name Melanie O'Connor
82 Street Address (P.O. Box Number is Not Acceptable)
2022 Adelia Blvd
83
84 City Deltona FL 85 Zip Code 32725

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

Melanie O'Connor

8-24-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME OBREMSKI, DIANE
STREET ADDRESS 2140 VANCE RD
CITY-ST-ZIP DELTONA FL ☐ DELETE

TITLE VD
NAME RUIZ, JOSIE
STREET ADDRESS 2152 VANCE RD
CITY-ST-ZIP DELTONA FL 32738 ☐ DELETE

TITLE VD
NAME CIESLA, BONNIE
STREET ADDRESS 405 GLEN ABBEY LN
CITY-ST-ZIP DEBARY FL ☐ DELETE

TITLE TD
NAME O'CONNOR, MELANIE
STREET ADDRESS 2022 ADELIA BLVD
CITY-ST-ZIP DELTONA FL 32725 ☐ DELETE

TITLE SD
NAME HALEY, MARGARET
STREET ADDRESS 2022 ADELIA BLVD
CITY-ST-ZIP DELTONA FL 32725 ☐ DELETE

TITLE SD
NAME BAILEY, CHERYL
STREET ADDRESS 2022 ADELIA BLVD
CITY-ST-ZIP DELTONA FL 32725 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME O'CONNOR, MELANIE
1.3 STREET ADDRESS 2022 ADELIA BLVD.
1.4 CITY-ST-ZIP DELTONA, FL 32725

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME CANFIELD, LORI
2.3 STREET ADDRESS 2022 ADELIA BLVD.
2.4 CITY-ST-ZIP DELTONA, FL 32725

3.1 TITLE VD ☒ Change ☐ Addition
3.2 NAME TRACY, JUDY
3.3 STREET ADDRESS 2022 ADELIA BLVD.
3.4 CITY-ST-ZIP DELTONA, FL 32725

4.1 TITLE TD ☒ Change ☐ Addition
4.2 NAME HUGHES, LAURA
4.3 STREET ADDRESS 2022 ADELIA BLVD.
4.4 CITY-ST-ZIP DELTONA, FL 32725

5.1 TITLE SD ☒ Change ☐ Addition
5.2 NAME COOTER, JEANNA
5.3 STREET ADDRESS 2022 ADELIA BLVD.
5.4 CITY-ST-ZIP DELTONA, FL 32725

6.1 TITLE SD ☒ Change ☐ Addition
6.2 NAME CAMPION, DEONE
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 119.07(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, with all other like empowered.

SIGNATURE: Laura Hughes REDAUGUST, HUGHES 8-20-99 904-789-8760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0001007

CR2E037 (5/99)