

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N49441

**FILED**  
**Mar 15, 2010**  
**Secretary of State**

**Entity Name:** DEBARY WOODS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST STATE ROAD 434  
SUITE 5000  
LONGWOOD, FL 327795044 US

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST STATE ROAD 434  
SUITE 5000  
LONGWOOD, FL 327795044 US

**New Mailing Address:**

**FEI Number:** 59-3128684

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, JAMES W JR.  
SENTRY MANAGEMENT INC  
2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 327795044 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: VPD  
Name: CASTELLI, NICK  
Address: 555 ELMCREST PL  
City-St-Zip: DEBARY, FL 32713

Title: SD  
Name: CONWAY, YVETTE  
Address: 40 HOLLOW PINE DR  
City-St-Zip: DEBARY, FL 32713

Title: TD  
Name: ROBERTSON, CHARLES  
Address: 99 HOLLOW PINE DR  
City-St-Zip: DEBARY, FL 32713

Title: PD  
Name: SOMERVILLE, TERYLL  
Address: 150 NEEDLEWOOD LOOP  
City-St-Zip: DEBARY, FL 32713

Title: D  
Name: DEROSA, MARGARET  
Address: 19 HOLLOW PINE DR  
City-St-Zip: DEBARY, FL 32713

I hereby 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 all other like empowered.

SIGNATURE: TERYLL SOMERVILLE

PD

03/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date