

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001546

FILED
Apr 23, 2008
Secretary of State

Entity Name: THE RESERVE AT DEBARY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8009 S. ORANGE AVE.
ORLANDO, FL 32809

New Principal Place of Business:

5955 T.G. LEE BLVD.
SUITE 300
ORLANDO, FL 32822

Current Mailing Address:

8009 S. ORANGE AVE.
ORLANDO, FL 32809

New Mailing Address:

5955 T.G. LEE BLVD.
SUITE 300
ORLANDO, FL 32822

FEI Number: 59-3306292

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LELAND MANAGEMENT INC.
8009 S. ORANGE AVE.
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT INC.
5955 T.G. LEE BLVD.
SUITE 300
ORLANDO, FL 32822 US

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: LINDA HOLMQUIST

04/23/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COPELAND, ANNA B
Address: 123 WENTWOOD DRIVE
City-St-Zip: DEBARY, FL 32713

Title: VP () Delete
Name: SLAYTON, TROY
Address: PO BOX 950634
City-St-Zip: LAKE MARY, FL 32795

Title: ST () Delete
Name: MCCANDLESS, CONNIE
Address: 225 ENGLENOOK DRIVE
City-St-Zip: DEBARY, FL 32713

Title: TR (X) Delete
Name: COPELAND, JOHN B
Address: 123 WENTWOOD DRIVE
City-St-Zip: DEBARY, FL 32713

Title: D (X) Delete
Name: CZECH, ALEXANDRE
Address: 99 WENTWOOD DRIVE
City-St-Zip: DEBARY, FL 32713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PR (X) Change () Addition
Name: HOLMQUIST, LINDA
Address: 18 WENTWOOD DRIVE
City-St-Zip: DEBARY, FL 32713

Title: S/TR (X) Change () Addition
Name: SLAYTON, TROY
Address: 229 ENGLENOOK DRIVE
City-St-Zip: DEBARY, FL 32713

Title: VP (X) Change () Addition
Name: SMITH, KEN
Address: 90 WENTWOOD DRIVE
City-St-Zip: DEBARY, FL 32713

Title: () Change () Addition
Name:
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: LINDA HOLMQUIST

PR

04/23/2008

Electronic Signature of Signing Officer or Director

Date