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2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jun 06, 2000 8:00 am Secretary of State DOCUMENT # N96000002816 05-20-2000 90001 031 ****61 25 DEBARY UNIT 15 HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 100 DEBARY PLANTATION BLVD 100 DEBARY PLANTATION BLVD DEBARY FL 32713-2201 DEBARY FL 2. Principal Place of Business 3. Mailing Address <u>5695 Beggs Road</u> <u>5695 Beggs Road</u> DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite B-100 City & State Suite B-100 4. FEI Number Applied For City & State 59-3480310 Not Applicable Orlando. Orlando± \$8.75 Additional Country 5. Certificate of Status Desired 32810 Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Thornton, Harkley Street Address (P.O. Box Number is Not Acceptable) LISTON, DAVID 5370 GULF OF MEXICO DR 5695 Beggs Roady Suite B-100 **SUITE 205** City LONGBOAT KEY FL 34228 2810 <u>Orlando</u> 8. 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 Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition TIME XIX hange Delete TITLE NAME VERNON, BILL NAME Vernon, W.G. 34 STREET ADDRESS STREET ADDRESS 100 DEBARY PLANTATION BLVD 100 DEBarytPlantation Blvd CITY-ST-ZIF CITY-ST-ZIP DeBary, FL 32713 **DEBARY FL 32713** ☐ Addition X Change ☐ Delete TITLE CHESSER, BETTY NAME Primer; Roy STREET ADDRESS STREET ADDRESS 100 DEBARY PLANTATION BLVD 100 DeBAry Plantation Blvd CITY-ST-ZIE CITY-ST-ZIP DEBARY-FL 32713 Addition Change Oziete TITLE s/t /p Van Auker, Roger NAME NAME van auker, roger STREET ADDRESS STREET ADDRESS :100:DEBARY PLANTATION BLVD - -100 DeBary Plantation Blvd CITY-ST-ZIP CITY-ST-ZIP DEBARY FL 32713 DeBAry, FL 32713 Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE MAME NAME STREET ADDRESS STREET ACCIDENCES CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with about 11 if the empowered.