

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002818

FILED
Apr 09, 2009
Secretary of State

Entity Name: DEBARY UNIT 13 HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

107 N. LINE DR.
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

107 N. LINE DR.
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 59-3480300

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUTHERLAND, THERESA D
107 N. LINE DR.
APOPKA, FL 32703 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: PD () Delete
Name: TAGG, KRYSTYNA
Address: 557 QUAIL LAKE DR
City-St-Zip: DEBARY, FL 32713 US

Title: VD () Delete
Name: WARNER, TOM
Address: 508 QUAIL VIEW COURT
City-St-Zip: DEBARY, FL 32713 US

Title: SD () Delete
Name: KOLBA, MIKE
Address: 441 QUAIL MEADOW CT.
City-St-Zip: DEBARY, FL 32713 US

Title: TD () Delete
Name: EVELYN, JOSEPH
Address: 545 QUAIL LAKE DRIVE
City-St-Zip: DEBARY, FL 32713 US

Title: D () Delete
Name: JORDAN, CHARLES
Address: 504 QUAIL VIEW CT.
City-St-Zip: APOPKA, FL 32713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: WARNER, TOM
Address: 508 QUAIL VIEW COURT
City-St-Zip: DEBARY, FL 32713 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: ROCKFORD, MARY
Address: 435 QUAIL MEADOW CT.
City-St-Zip: DEBARY, FL 32713 US

Title: D (X) Change () Addition
Name: ABREAU, PABLO
Address: 429 QUAIL MEADOW CT.
City-St-Zip: DEBARY, FL 32713 US

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: KRYSTYNA TAGG

PD

04/09/2009

Electronic Signature of Signing Officer or Director

Date