

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Dec 23, 2009
Secretary of State

DOCUMENT# N96000002818

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:**206 S ELM AVENUE
SANFORD, FL 32771 US**Current Mailing Address:**107 N. LINE DR.
APOPKA, FL 32703 US**New Mailing Address:**206 S ELM AVENUE
SANFORD, FL 32771 US**FEI Number:** 59-3480300**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:****Name and Address of New Registered Agent:**ANGELIA L. GORDON
206 S ELM AVENUE
SANFORD, FL 32771 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: ANGELIA L. GORDON

12/23/2009

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: VPD () 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: ROCKFORD, MARY
Address: 435 QUAIL MEADOW CT.
City-St-Zip: DEBARY, FL 32713 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KOLBA, MICHAEL
Address: 441 QUAIL MEADOW COURT
City-St-Zip: DEBARY, FL 32713 US

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

Title: SEC (X) Change () Addition
Name: SETTEDUCATI, PAUL
Address: 449 QUAIL HILL DRIVE
City-St-Zip: DEBARY, FL 32713 US

Title: TREA (X) Change () Addition
Name: ROCKFORD, MARY
Address: 436 QUAIL MEADOW CT.
City-St-Zip: DEBARY, FL 32713 US

Title: BOD (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: ANGELIA L GORDON

RA

12/23/2009

Electronic Signature of Signing Officer or Director

Date