

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90267 027 \*\*\*\*61.25

**DOCUMENT # N97000002385**

1. Entity Name-

**PARKVIEW HOMEOWNERS ASSOCIATION OF DEBARY, INC.**

Principal Place of Business

Mailing Address

2699 LEE RD  
 SUITE 540  
 WINTER PARK FL 32789

2699 LEE RD  
 SUITE 540  
 WINTER PARK FL 32789-1738

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3442752**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REINHARD, STEPHAN G**  
**2699 LEE RD**  
**SUITE 540**  
**WINTER PARK FL 32789**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **DP DONALD L MONTGOMERY**  
 STREET ADDRESS **395 PINE SPRINGS DR**  
 CITY-ST-ZIP **DEBARRY FL 32713**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DTS CARMEN CABRALES-PEREZ**  
 STREET ADDRESS **388 MAGNOLIA SPRINGS CT**  
 CITY-ST-ZIP **DEBARRY FL 32713**

TITLE  Change  Addition  
 NAME **DTS ESTHER DALY**  
 STREET ADDRESS **373 MAGNOLIA SPRINGS COURT**  
 CITY-ST-ZIP **DEBARRY FL 32713**

TITLE  Delete  
 NAME **DV CAROLYN A HENDERSON**  
 STREET ADDRESS **67 SPRING RIDGE DR.**  
 CITY-ST-ZIP **DEBARRY FL 32713**

TITLE  Change  Addition  
 NAME **DV William Heath**  
 STREET ADDRESS **399 PINE SPRINGS DR**  
 CITY-ST-ZIP **DEBARRY FL 32713**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 all other like empowered.

SIGNATURE: *D. S. HARRIS* **DONALD L. MONTGOMERY** 1-10-00 407-321-1010  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)