FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 01, 2001 8:00 am Secretary of State DOCUMENT # N9800006854 DEBARY UNIT 17 HOMEOWNERS ASSOCIATION, INC. 05-01-2001 90012 015 \*\*\*\*61.25 Principal Place of Business Mailing Address 5695 BEGGS RD 5695 BEGGS RD STE B-100 STE B-100 ORLANDO FL 32810 ORLANDO FL 32810 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0935352 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HaRKLEY R. Thornton, Esq. Street Address (P.O. Box Number is Not Acceptable) ROST, SCOTT R 5695 Beggs Road 5695 BEGGS RD Suite B-100 **STE B-100** Zip Code 32810 ORLANDO FL 32810 0rlando 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 (NOTE: Registered Agent signature required when reinstating) **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$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 10. OFFICERS AND DIRECTORS 11. Change ■ Addition TITLE ☐ Delete TITLE VERNON, WILLIAM G NAME NAME 100 DEBARY PLANTATION BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DEBARY FL** STD ☐ Change ☐ Addition ☐ Delete TITLE TITLE VAN AUKER, ROGER NAME NAME 100 DEBARY PLANTATION BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-719 DEBARY FL 32713 ☐ Delete **K** KChange ☐ Addition TITLE TITLE PRIMER, ROY NAME NAME Roy Premer STREET ADDRESS 100 DEBARY PLANTATION BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEBARY FL 32713 Delete ☐ Change Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

3-/3-07

Daytime Phone #