FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **759024** **(3)**

1. Corporation Name

DUPLEX VILLAGE HOMEOWNERS ASSOCIATION II, INC.

Principal Place of Business	Mailing Address
% SEABOARD ARBORS MGMT. SRVS., INC. 1700 MCMULLEN BOOTH ROAD #C-3 CLEARWATER FL 34619	% SEABOARD ARBORS MGMT. SRVS., INC. 1700 MCMULLEN BOOTH ROAD #C-3 CLEARWATER FL 34619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/06/1981
3a. Date of Last Report: 04/08/1994
4. FEI Number: 59-2186996 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HICKS, JOYCE M
% SEABOARD ARBORS MGMT. SRVS., INC
1700 MCMULLEN BOOTH ROAD #C-3
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

81 Name: Lennard Leighton
82 Street Address (P.O. Box Number is Not Acceptable): C/O Seaboard Arbors Management Services, Inc.
83: 1700 McMullen Booth Road, Suite C-3
84 City: Clearwater, Fl. FL 85 Zip Code: 34619

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Lennard Leighton 4/12/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	MEISSNER, BOB	12 NAME	Seifert, Chester	
STREET ADDRESS	3313 MCMATH DR	13 STREET ADDRESS	3208 McMath Drive	
CITY-ST ZIP	PALM HARBOR FL	14 CITY ST ZIP	Palm Harbor, Fl. 34684	
TITLE	VD	21 TITLE	VID	☒ Change ☐ Addition
NAME	SPOSTO, NICHOLAS	22 NAME	Larzelere, Herbert	
STREET ADDRESS	3306 GORSE CT	23 STREET ADDRESS	3305 Gorse Court	
CITY-ST ZIP	PALM HARBOR FL	24 CITY ST ZIP	Palm Harbor, Fl. 34684	
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	GOTIGETREU, HAROLD	32 NAME	Spisto, Nicholas	
STREET ADDRESS	3295 GORSE CT	33 STREET ADDRESS	3306 Gorse Court	
CITY ST ZIP	PALM HARBOR FL	34 CITY ST ZIP	Palm Harbor, Fl. 34684	
TITLE	SD	41 TITLE	SD	☒ Change ☐ Addition
NAME	SEIFERT, CHESTER	42 NAME	Atkerson, Colleen	
STREET ADDRESS	3203 MCMATH DR	43 STREET ADDRESS	3230 McMath Drive	
CITY ST ZIP	PALM HARBOR FL	44 CITY ST ZIP	Palm Harbor, Fl. 34684	
TITLE	TD	51 TITLE		☒ Change ☐ Addition
NAME	TUCKER, BUNNY	52 NAME		
STREET ADDRESS	3317 GORSE COURT	53 STREET ADDRESS		
CITY ST ZIP	PALM HARBOR FL	54 CITY ST ZIP		
TITLE		61 TITLE	VD	☐ Change ☒ Addition
NAME		62 NAME	Romm, Jack	
STREET ADDRESS		63 STREET ADDRESS	3323 McMath Drive	
CITY ST ZIP		64 CITY ST ZIP	Palm Harbor, Fl. 34684	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lennard Leighton 4/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0019687