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NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

**DIVISION OF CORPORATIONS** 

**DOCUMENT #** 

759024

(3)

## DUPLEX VILLAGE HOMEOWNERS ASSOCIATION II, INC.

Principal Place of Business Mailing Address % SEABOARD ARBORS MGMT. SRVS., INC. % SEABOARD ARBORS MGMT. SRVS., INC. 1700 MCMULLEN BOOTH ROAD #C-3 1700 MCMULLEN BOOTH ROAD #C-3 CLEARWATER FL 34619 CLEARWATER FL 34619 3. Date Incorporated or Qualified 3a. Date of Last Report 07/06/1981 05/01/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-2186996 26 Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes ☐ No Zip Country Country 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent В1 Name LEIGHTON, LENNARD Street Address (P.O. Box Number is Not Acceptable) **B**2 C/O SEABOARD ARBORS MGMT SVCS, INC 83 1700 MCMULLEN BOOTH RD, STE C-3 **CLEARWATER FL 34619** Zip Code 84 City 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. STD DELETE Change 1.1 DILE TITLE JEAN BAKER SEIFERT, CHESTER 12 NAME NAME 3296 GORSE COURT STREET ADDRESS 3208 MCMATH DRIVE 13 STREET ADDRESS 34684 PALM HARBOR, FL PALM HARBOR FL 14 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 21 TITLE PD TITLE VTD LARZELERE, HERBERT 2 2 NAME NAME 3305 GORSE CT 2 3 STREET ADDRESS STREET ADORESS PALM HARBOR FL 2 4 CITY - ST - ZIP CITY-ST-ZIP ☐ Change DELETE TITLE Addition SPISTO, NICHOLAS 3 2 NAME NAME 3306 GORSE CT 3.3 STREET ADORESS STREET ADDRESS PALM HARBOR FL CITY-ST-ZIP 3 4. C(TY - ST - ZIP DELETE D Change ☐ Addition 4.1 TITLE TITLE ATKERSON, COLLEEN 4 2 NAME NAME STREET ADDRESS 3230 MCMATH DRIVE 4.3 STREET ADDRESS CITY-ST-ZIP Palm Harbor Fl 44 CITY - ST - ZIP VD. DELETE ☐ Change Addition TITLE TD 5.1 THILE ALAN SCHWARTZ 5.2 NAME NAME TUCKER, BUNNY 3240 MCMATH DRIVE 3317 GORSE COURT 53 STREET ADDRESS STREET ADDRESS PALM HARBOR, FL 34684 PALM HARBOR FL 5 4 CITY - ST- ZIP CITY - ST- ZIP Change Addition DELETE D 61 TITLE TITLE VD. ROMM, JACK 62 NAME NAME 3323 MCMATH DRIVE 6.3 STREET ADORESS STREET ADDRESS PALM HARBOR FL 6.4 CITY - ST - ZIP CITY-ST-ZIP 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)(k), 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

SIGNATURE:

appears in Block 12 or Block 13 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ALLES

nanged, or on an attachmer

4/25/96

813-786-8881

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