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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #
1. Corporation Name

(3)

DUPLEX VILLAGE HOMEOWNERS ASSOCIATION II, INC.

FILED Mar 31 1997 8:00am Secretary of State



| Principal Place of Business SEABOARD ARBORS MGMT. SRVS INC. 1700 MCMULLEN BOOTH ROAD #C-3 CLEARWATER FL 34619 | 1700 MCMULLEN BOOTH | Mailing Address SEABOARD ARBORS MONT. SRVS INC. 1700 MCMULLEN BOOTH ROAD #C-3 CLEARWATER FL 34619-2129 | | } | |
|---|---|---|---|---|--|
| OLEMBRAIER PL 34018 | OFFICIAL LE AMOISE | | | 3a. Date of Last Report 05/01/1996 | |
| Principal Place of Business 1 | 2a. Mailing Address | | 4. FEI Number 59-2186996 | Applied For Not Applicable | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip Country 25 | Zip 29 | Country 30 | This corporation has liability for Florida Statutes | r intangible tax under s. 199.032, Yes \textstyle No | |
| | Current Registered Agent | | 10. Name and Address of New R | egistered Agent | |
| LEIGHTON, LENNARD C/O SEABOARD ARBORS MGMT 1700 MCMULLEN BOOTH RD, ST CLEARWATER FL 34619 | | 83 | idress (P.O. Box Number is Not Accepte | | |
| OLEANWATER PL STOTE | | 84 City | • | FL 65 Zip Code | |
| 11. Pursuant to the provisions of Sections of Section | | E Registered Agent signature re | | DATE | |
| NAME BARER, JEAN STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL | | 1.3 STREET ADDRESS | TLYNN, GERALD 3331 MCMATH DRIVE PALM HARBOR FL | · | |
| TITLE RD | DELETE | 2.1 TITLE | <i>T</i> D | Change Addition | |
| NAME LARZELERE, HERBERT STREET ADDRESS 3305 GORSE CT | • | | SCHWARTZ, ALAN 3240 MCMATH DRIVE | · | |
| CITY-S1-ZIP PALM HARBOR FL | | | PALM HARBOR FL | | |
| NAME ATKERSON, COLLECT | DELETE | 1 • | ID | Change | |
| STREET ADDRESS 3230 MCMANUE DRIVE | | I | BAKER, JEAN 3296 GORSE COURT | | |
| CITY-ST-ZIP PALM-HARBOR FL | | T | PALM HARBOR FL | | |
| TIFLE VD | DELETE | | SD | Change Addition | |
| NAME STREET ADDRESS 3240 MCNATH DRIVE | | | LARSON, ELMER | | |
| CITY-ST-2IP PALM HARBOR EL | | | 3281 MOMATH DRIVE PALM HARBOR FL | ··· | |
| TITLE D | X DELETE | 5.1 TITLE | | Change Addition | |
| NAME ROMM, JACK | • | | LARZELERE, HERB | | |
| STREET ADDRESS 3323 MCMATH DRIVE | | 1 | 3305 GOPER COURT | | |
| CITY-ST-ZIP PALM HARBOR FL | DELETE | 5.4 CITY-ST-ZIP 6.1 TITLE | PALM HARBOR FI | Change Addition | |
| TITLE NAME | A pecific | | D | | |
| STREET ADDRESS | • | 6.3 STREET ADDRESS | AVARETHO, CARMEN HAN 3217 MOMATH DRIVE 33 | cow y hiskar | |
| CITY-S1-ZIP | | 6.4 CITY-ST-ZIP | 3217 MANATH ORIVE 33 | 22 MC MATA DR | |
| 14. I do hereby certify that the information | supplied with this filing does not qual | | lea in Section 119.07(3)(I), Florida Statut | tes. I further certify that the | |

We and accurate and that my signature shall have the same legal effect as if made under o Wered to execute this report as required by Chapter 617, Florida Statutes; and that my name I am an officer or director of the cor appears in Block 12 or Block 13 if