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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **759024**

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

2. Principal Place of Business	2a. Mailing Address
2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765	2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765

3. Date Incorporated or Qualifed: 07/06/1981

4. FEI Number: 59-2186996 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEIGHTON, LENNARD 2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765	81 Name 82 2189 CLEVELAND STREET SUITE 225 83 CLEARWATER, FL 33765 84

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 _____ 4/27/99
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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FLYNN, GERALD		1.2 NAME		
STREET ADDRESS	3331 MCMATH DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SCHWARTZ, ALAN		2.2 NAME		
STREET ADDRESS	3240 MCMATH DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		2. 4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BROCKWAY, FRED		3.2 NAME		
STREET ADDRESS	3297 GORSE CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		3.4. CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LARSON, ELMER		4. 2 NAME		
STREET ADDRESS	3281 MCMATH DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/4/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)