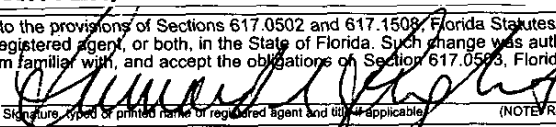


FILE NOW: FILING FEE IS \$61.25

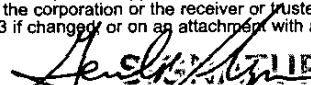
FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90245 047 ****61.25

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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 % SEABOARD ARBORS MGMT. SRVS., INC. 1700 MCMULLEN BOOTH ROAD #C-3 CLEARWATER FL 34619			Mailing Address % SEABOARD ARBORS MGMT. SRVS., INC. 1700 MCMULLEN BOOTH ROAD #C-3 CLEARWATER FL 34619		
2. Principal Place of Business 2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765		2a. Mailing Address 2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765		3. Date Incorporated or Qualified 07/06/1981	
				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	
9. Name and Address of Current Registered Agent LEIGHTON, LENNARD 2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765			10. Name and Address of New Registered Agent		
			81 Name		
			82 2189 CLEVELAND STREET		
			83 SUITE 225		
			84 CLEARWATER, FL 33765		
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 4/27/99					
SIGNATURE, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE ☐ 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 ☐ 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 ☐ DELETE			3.1 TITLE ☐ Change ☐ Addition		
NAME TD 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 ☐ DELETE			4.1 TITLE ☐ Change ☐ Addition		
NAME SD 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)