2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State
02-25-2004 90055 050 ****61.25

DOCUMENT # 759024

1. Entity Name
DUPLEX VILLAGE HOMEOWNERS ASSOCIATION II, INC.

Principal Place of Business	Mailing Address
2240 BELLEAIR RD 140 CLEARWATER, FL 33764	2240 BELLEAIR RD 140 CLEARWATER, FL 33764

01092004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent

LEIGHTON, LENNARD
2240 BELLEAIR RD 140
STE 225
CLEARWATER, FL 33764

7. Name and Address of New Registered Agent

Name J. Michael Daily, CPA
Street Address (P.O. Box Number is Not Acceptable) 2240 Belleair Rd. Suite 140
City Clearwater FL Zip Code 33764

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE J M Daily 3/11/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCELHOES, ROBERT 3366 GORSE COURT PALM HARBOR, FL 37684	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Bob Justiana 3366 Gorse Court Palm Harbor, Fl. 34684 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ MCCELHOES, ROBERT 3234 MCMATH DRIVE PALM HARBOR, FL 34684	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Robert mcElhoes 3234 mc math Dr. Palm Harbor, Fl. 34684 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LARSON, ELMER 3281 MCMATH DRIVE PALM HARBOR, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ATKERSON, COLLEEN 3032 MCMATH DRIVE PALM HARBOR, FL 34684	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D INDERWISH, JACK 3207 MCMATH DRIVE PALM HARBOR, FL 34684	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ BORDERS, HELEN 3337 GORSE CT PALM HARBOR, FL 34684	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Helen Borders 3337 Gorse ct. Palm Harbor, Fl. 34684 ☒ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert M. Justiana 2/20/04 (727) 786-5343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #