

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # 759024

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



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

Mailing Address
**2240 BELLEAIR RD
140
CLEARWATER, FL 33764**



01182006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

**DAILY, MICHAEL J
2240 BELLEAIR RD 140
STE 225
CLEARWATER, FL 33764**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUSTIANA, BOB 3366 GORSE COURT PALM HARBOR, FL 37684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCELHOES, ROBERT 3234 MCMATH DR. PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORDERS, HELEN 3337 GORSE CT PALM HARBOR, FL 34684
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11000001453049
05/11/06 80042-004 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 **ROBERT M. JUSTIANA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/06
Date

Daytime Phone # _____