

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 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**



03272007 No Chg-NP CR2E037 (4/06)

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

Michael J Daily
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/07

**Filing Fee Is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JUSTIANA, BOB
STREET ADDRESS	3366 GORSE COURT
CITY-ST-ZIP	PALM HARBOR, FL 37684

TITLE	D
NAME	MCELHOES, ROBERT
STREET ADDRESS	3234 MCMATH DR.
CITY-ST-ZIP	PALM HARBOR, FL 34684

TITLE	D
NAME	BORDERS, HELEN
STREET ADDRESS	3337 GORSE CT
CITY-ST-ZIP	PALM HARBOR, FL 34684

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/10/07-80074-016 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
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/07
Date

727 786-5343
Daytime Phone #