

FILE NOW: FILING FEE IS \$61.25

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Apr 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **763162** (5)  
1. Corporation Name  
**DURANT OAKS PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>P. O. BOX 113 VALRICO FL 33594</b>	Mailing Address <b>P. O. BOX 113 VALRICO FL 33594</b>
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3. Date Incorporated or Qualified <b>05/10/1982</b>	
4. FEI Number <b>59-2612585</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 25. Suite, Apt. #, etc. 26. City & State 27. Zip 28. Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>DUPRE, IRVING M. 2708 HERNDON ST VALRICO FL 33594</b>
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10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. City 84. Zip Code <b>FL</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>BORAIO, GEORGE</b>
STREET ADDRESS	<b>2805 HERNDON ST</b>
CITY - ST - ZIP	<b>VALRICO FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>SWEENEY, JACK</b>
STREET ADDRESS	<b>2808 HERNDON ST</b>
CITY - ST - ZIP	<b>VALRICO FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>FREEMAN, DALE</b>
STREET ADDRESS	<b>2710 HERNDON ST</b>
CITY - ST - ZIP	<b>VALRICO FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>BUCKER, MELISSA</b>
STREET ADDRESS	<b>2708 HERNDON ST</b>
CITY - ST - ZIP	<b>VALRICO FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>CORLIETO, MARTIN</b>
STREET ADDRESS	<b>2716 HERNDON ST</b>
CITY - ST - ZIP	<b>VALRICO FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>DUPREE, IRVING</b>
STREET ADDRESS	<b>2708 HERNDON ST</b>
CITY - ST - ZIP	<b>VALRICO FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Dupre, Irving M.</b>
1.3 STREET ADDRESS	<b>2605 Herndon St.</b>
1.4 CITY - ST - ZIP	<b>Valrico, FL 33594</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Hambos, Donna M</b>
2.3 STREET ADDRESS	<b>2604 Herndon St.</b>
2.4 CITY - ST - ZIP	<b>Valrico, FL 33594</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Same</b>
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Wehrly, Scott</b>
4.3 STREET ADDRESS	<b>2705 Herndon St.</b>
4.4 CITY - ST - ZIP	<b>Valrico, FL 33595</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Billingsley, Chris</b>
5.3 STREET ADDRESS	<b>2601 Herndon St.</b>
5.4 CITY - ST - ZIP	<b>Valrico FL 33594</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Boyle, Andrew</b>
6.3 STREET ADDRESS	<b>2703 Herndon St</b>
6.4 CITY - ST - ZIP	<b>Valrico, FL 33594</b>

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, unchanged, or on an attachment with an address.

SIGNATURE: *Daniel M. [Signature]*

April 6, 1998

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651-4226

CR2E037 (10/97)