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**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90133 045 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 763162**

1. Corporation Name

**DURANT OAKS PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

P. O. BOX 113  
 VALRICO FL 33594

Mailing Address

P. O. BOX 113  
 VALRICO FL 33594



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/10/1982	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2612585	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>					

9. Name and Address of Current Registered Agent

**DUPRE, IRVING M.**  
**2706 HERNDON ST**  
**VALRICO FL 33594**

10. Name and Address of New Registered Agent

81 Name **JAMES D. FREEMAN**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2710 HERNDON ST**  
 83  
 84 City **VALRICO** FL 85 Zip Code **33594**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUPRE, IRVING M.	1.2 NAME	FREEMAN, JAMES D
STREET ADDRESS	2606 HERNDON ST	1.3 STREET ADDRESS	2710 HERNDON ST
CITY-ST-ZIP	VALRICO FL 33594	1.4 CITY-ST-ZIP	VALRICO, FL 33594
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMBOS, DONNA M.	2.2 NAME	Weedon, Warren
STREET ADDRESS	2604 HERNDON ST	2.3 STREET ADDRESS	2704 HERNDON ST
CITY-ST-ZIP	VALRICO FL 33594	2.4 CITY-ST-ZIP	VALRICO, FL 33594
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, DALE	3.2 NAME	SUE WEEDON
STREET ADDRESS	2710 HERNDON ST	3.3 STREET ADDRESS	2704 HERNDON ST
CITY-ST-ZIP	VALRICO FL	3.4 CITY-ST-ZIP	VALRICO, FL 33594
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEHRLY, SCOTT	4.2 NAME	PIKUS, MICHAEL
STREET ADDRESS	2705 HERNDON STREET	4.3 STREET ADDRESS	2707 HERNDON ST
CITY-ST-ZIP	VALRICO FL 33595	4.4 CITY-ST-ZIP	VALRICO, FL 33594
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILLINGSLEY, CHRIS	5.2 NAME	ALLEN, JAMES
STREET ADDRESS	2601 HERNDON ST	5.3 STREET ADDRESS	2705 HERNDON ST
CITY-ST-ZIP	VALRICO FL 33597	5.4 CITY-ST-ZIP	VALRICO, FL 33594
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYLE, ANDREW	6.2 NAME	
STREET ADDRESS	2703 HERNDON ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33594	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

1/31/99 (813) 840-5413

Date

Daytime Phone #

CR2E037 (11/98)