

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

**FILED  
Apr 23, 2007  
Secretary of State**

DOCUMENT# N04000005478

Entity Name: DUETTE COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

30902 TAYLOR GRADE RD.  
DUETTE, FL 33834 US

**New Principal Place of Business:**

**Current Mailing Address:**

30902 TAYLOR GRADE RD.  
DUETTE, FL 33834 US

**New Mailing Address:**

FEI Number: 20-1165749      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TAPPAN, FELICIA J  
30902 TAYLOR GRADE RD.  
DUETTE, FL 33834 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TAPPAN, FELICIA J  
Address: 30902 TAYLOR GRADE RD.  
City-St-Zip: DUETTE, FL 33834 US

Title: VP ( ) Delete  
Name: O'CONNOR, JOHN J JR  
Address: 11075 TAYLOR GRADE RD.  
City-St-Zip: DUETTE, FL 33834 US

Title: T ( ) Delete  
Name: CARLTON, EMIL P  
Address: 11055 S.R. 39  
City-St-Zip: DUETTE, FL 33834 US

Title: S ( ) Delete  
Name: STEVENS, JILL  
Address: 10306 REVELLS RD.  
City-St-Zip: DUETTE, FL 33834 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMIL P. CARLTON

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04/23/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date