

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90012 005 ****61.25



DOCUMENT # N04000005478
 1. Entity Name
DUETTE COMMUNITY ASSOCIATION, INC.

Principal Place of Business 30902 TAYLOR GRADE RD. DUETTE, FL 33834 US	Mailing Address 30902 TAYLOR GRADE RD. DUETTE, FL 33834 US
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40101030



DO NOT WRITE IN THIS SPACE

02182008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1165749	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
 TAPPAN, FELICIA J
 30902 TAYLOR GRADE RD.
 DUETTE, FL 33834

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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	P TAPPAN, FELICIA J 30902 TAYLOR GRADE RD. DUETTE, FL 33834
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'CONNER, JOHN J JR 11075 TAYLOR GRADE RD. DUETTE, FL 33834
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARLTON, EMIL P 11055 S.R. 39 DUETTE, FL 33834
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEVENS, JREL 10306 REVELLS RD. DUETTE, FL 33834 <i>Glassburn, Betty 6655 Keentown Rd Duette, FL 33834</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *[Signature]* **9/14/08** **941-776-2019**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #