

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09316

**Entity Name:** DUCKWOOD HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6821 SE LILLIAN COURT  
STUART, FL 34997

**Current Mailing Address:**

6821 SE LILLIAN COURT  
STUART, FL 34997

**FEI Number: 59-2662044**

**Certificate of Status Desired: No**

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

ROSS EARLE & BONAN, P.A.  
789 S. FEDERAL HIGHWAY  
SUITE 101  
STUART, FL 34994 US

*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

**Officer/Director Detail :**

Title PD  
Name OPRANDY, HAROLD  
Address 6861 SE LILLIAN CT  
City-State-Zip: STUART FL 34997

Title VPD  
Name TOMEK, BARBARA  
Address 7201 SE LILLIAN CT  
City-State-Zip: STUART FL 34997

Title SD  
Name KARLBERG, JANET  
Address 6991 SE LILLIAN CT  
City-State-Zip: STUART FL 34997

Title TD  
Name COCHRANE, TAMMI  
Address 7120 SE LILLIAN CT  
City-State-Zip: STUART FL 34997

Title AD  
Name LICKER, JOHN  
Address 7150 SE LILLIAN COURT  
City-State-Zip: STUART FL 34997

*I hereby 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 all other like empowered.*

**SIGNATURE: TAMMI COCHRANE**

**TREASURER/DIRECTOR**

**02/11/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date