

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000001465

**Entity Name:** DUCK KEY COMMUNITY BENEFIT INC.**Current Principal Place of Business:**390 EAST SEAVIEW DR  
DUCK KEY, FL 33050**Current Mailing Address:**390 EAST SEAVIEW DRIVE  
DUCK KEY, FL 33050 US**FEI Number:** 47-3292711**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OESTREICHER, RON  
390 EAST SEAVIEW DRIVE  
DUCK KEY, FL 33050 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:** RON OESTREICHER

03/30/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name SCHWARZ, JOHN  
Address 225 W SEAVIEW DR  
City-State-Zip: DUCK KEY FL 33050

Title SECRETARY  
Name WADDILL, CHRISTINE  
Address 426 HARBOUR DR  
City-State-Zip: DUCK KEY FL 33050

Title TREASURER  
Name OESTREICHER, RON  
Address 390 EAST SEAVIEW DR  
City-State-Zip: DUCK KEY FL 33050

Title PRESIDENT  
Name WILLIAMSON, DAVID  
Address 222 CORSAIR RD  
City-State-Zip: DUCK KEY FL 33050

Title DIRECTOR  
Name WOLFE, JOHN  
Address 252 W SEAVIEW CT  
City-State-Zip: DUCK KEY FL 33050

Title DIRECTOR  
Name MCKINNEY, BARBARA  
Address 151 INDIES DR S  
City-State-Zip: DUCK KEY FL 33050

Title DIRECTOR  
Name TANIS, ELLEN  
Address 384 E SEAVIEW DR  
City-State-Zip: DUCK KEY FL 33050

Title DIRECTOR  
Name LEFLER, BETSY  
Address 224 CORSAIR RD  
City-State-Zip: DUCK KEY FL 33050

*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:** RON OESTREICHER

03/30/2019

Electronic Signature of Signing Officer/Director Detail

Date