

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720769

FILED
Mar 28, 2005
Secretary of State

Entity Name: DUCK KEY PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 522606
MARATHON, FL 33050

New Principal Place of Business:

310 COCO PLUM STREET
MARATHON, FL 330503803

Current Mailing Address:

POST OFFICE BOX 2606
MARATHON SHORES, FL 330522606

New Mailing Address:

310 COCO PLUM STREET
MARATHON, FL 330503803

FEI Number: 23-7295522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, WILLIAM
310 COCO PLUM STREET
MARATHON, FL 33050 US

Name and Address of New Registered Agent:

ROBERTS, WILLIAM
310 COCO PLUM STREET
MARATHON, FL 330503803 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: WILLIAM ROBERTS

03/28/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ENQUIST, ROY
Address: 128 INDIES DRIVE NORTH
City-St-Zip: MARATHON, FL 33050

Title: VPD () Delete
Name: WILLIAMSON, DAVID
Address: 222 CORSAIR ROAD
City-St-Zip: MARATHON, FL 33050

Title: SD () Delete
Name: GROB, LARE
Address: 206 CORSAIR ROAD
City-St-Zip: MARATHON, FL 33050

Title: TD () Delete
Name: ROBERTS, WILLIAM
Address: 310 COCO PLUM STREET
City-St-Zip: MARATHON, FL 33050

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WILLIAMSON, DAVID
Address: 222 CORSAIR ROAD
City-St-Zip: MARATHON, FL 33050

Title: VPD (X) Change () Addition
Name: SHOWERMAN, FRAN
Address: 205 BARQUE STREET
City-St-Zip: MARATHON, FL 33050

Title: SD (X) Change () Addition
Name: GROB, LORE
Address: 206 CORSAIR ROAD
City-St-Zip: MARATHON, FL 33050

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 Section 119.07(3)(i), 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: WILLIAM ROBERTS

TD

03/28/2005

Electronic Signature of Signing Officer or Director

Date