

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759024

FILED
Feb 13, 2009
Secretary of State

Entity Name: DUPLEX VILLAGE HOMEOWNERS ASSOCIATION II, INC.

Current Principal Place of Business:

2240 BELLEAIR RD
140
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

2240 BELLEAIR RD
140
CLEARWATER, FL 33764

New Mailing Address:

FEI Number: 59-2186996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAILY, MICHAEL J
2240 BELLEAIR RD 140
STE 225
CLEARWATER, FL 33764 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: D () Delete
Name: JUSTIANA, BOB
Address: 3366 GORSE COURT
City-St-Zip: PALM HARBOR, FL 37684

Title: D () Delete
Name: MCELHOES, ROBERT
Address: 3234 MCMATH DR.
City-St-Zip: PALM HARBOR, FL 34684

Title: D () Delete
Name: BORDERS, HELEN
Address: 3337 GORSE CT
City-St-Zip: PALM HARBOR, FL 34684

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:

I hereby certify that the information supplied with this filing does not qualify 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: J. MICHAEL DAILY

CPA

02/13/2009

Electronic Signature of Signing Officer or Director

Date