

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768725

FILED  
Jan 06, 2009  
Secretary of State

**Entity Name:** DUVAL PLAZA LOTOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

221 EAST 6TH AVENUE  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

221 EAST 6TH AVENUE  
TALLAHASSEE, FL 32303

**New Mailing Address:**

**FEI Number:** 59-2291924

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCKEE, GROVER H., JR.  
1710 THOMASVILLE ROAD  
TALLAHASSEE, FL 32303 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: PD ( ) Delete  
Name: MCKEE, GROVER H.,  
Address: 1704 THOMASVILLE RD,#183  
City-St-Zip: TALLAHASSEE, FL

Title: SD ( ) Delete  
Name: WHITE, BETH  
Address: 1742 THOMASVILLE ROAD  
City-St-Zip: TALLAHASSEE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:** GROVER MCKEE,JR

PRE

01/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date