


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90134 007 ****61.25

DOCUMENT # N02000007732 1. Entity Name DUVAL VILLAS HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 908 DUVAL PLACE WILTON MANORS, FL 33334		Mailing Address 908 DUVAL PLACE WILTON MANORS, FL 33334	
2. Principal Place of Business - No P.O. Box # 2704 NE 9th Ave		3. Mailing Address 2704 NE 9th Ave	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State WILTON MANORS FL		City & State WILTON MANORS FL	
Zip 33334		Zip 33334	
Country Broward		Country Broward	
4. FEI Number 65-1162156		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASTEEL, ROBERT 908 DUVAL PLACE WILTON MANORS, FL 33334		7. Name and Address of New Registered Agent Name Kenneth Drey Street Address (P.O. Box Number is Not Acceptable) 902 NE 20th St City WILTON MANORS FL Zip 33334	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Kenneth Drey Treasurer DATE 4/3/07 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SLATER, JULIETTE 2706 DUVAL LANE WILTON MANORS, FL 33334 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAKE OLSON 908 DUVAL CT WILTON MANORS FL 33334 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MANTELL, BRUCE 2708 DUVAL LANE WILTON MANORS, FL 33334 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CATHERINE SCHULTEN 2708 DUVAL LANE WILTON MANORS FL 33334 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CASTEEL, ROBERT 908 DUVAL PLACE WILTON MANORS, FL 33334 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KENNETH DREY 902 NE 20th St WILTON MANORS FL 33334 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Kenneth Drey		Date 4/3/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	