

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009248

FILED  
Apr 06, 2007  
Secretary of State

Entity Name: DUKES LAKE HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

PMB 345, 4250 ALAFAYA  
212  
OVIEDO, FL 32765

## New Principal Place of Business:

## Current Mailing Address:

PMB 345, 4250 ALAFAYA  
212  
OVIEDO, FL 32765

## New Mailing Address:

FEI Number: 51-0444389

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BURNSIDE, LILLY  
C/O RELIABLE PROPERTY MANAGERS  
PMB 345 4250 ALAFAYA TR STE 212  
OVIEDO, FL 32765 US

## Name and Address of New Registered Agent:

RELIABLE PROPERTY MANAGERS  
4250 ALAFAYA TRAIL  
SUITE 212-345  
OVIEDO, FL 32765 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: CURTIS BURNSIDE

04/06/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ROUHIER, CRAIG F  
Address: 738 RUGBY ST.  
City-St-Zip: ORLANDO, FL 32804

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: LOUGHRAY, WILLIAM  
Address: 1722 SUNSET RIDGE DRIVE  
City-St-Zip: MASCOTTE, FL 34753

Title: VP ( ) Change (X) Addition  
Name: GRISSINGER, DAVID  
Address: 1694 RIDGEMOOR DRIVE  
City-St-Zip: MASCOTTE, FL 34753

Title: S ( ) Change (X) Addition  
Name: RIDER, ANDREW  
Address: 1962 THORNGATE LANE  
City-St-Zip: MASCOTTE, FL 34753

Title: T ( ) Change (X) Addition  
Name: RILEY, DONALD  
Address: 1811 SUNSET RIDGE  
City-St-Zip: MASCOTTE, FL 34753

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM LOUGHRAY

P

04/06/2007

Electronic Signature of Signing Officer or Director

Date