

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009248

FILED
Apr 30, 2009
Secretary of State

Entity Name: DUKES LAKE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1648 S HWY S7, SUITE C
CLERMONT, FL 34714

New Principal Place of Business:

Current Mailing Address:

%ABC MANAGEMENT OF CENTRAL FLORIDA, INC.
P.O. BOX 135093
CLERMONT, FL 347165093

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:

ABC MANAGEMENT OF CENTRAL FLORIDA, INC.
1648 S HWY 27, SUITE C
CLERMONT, FL 34714 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: LOUGHRAY, WILLIAM
Address: 1722 SUNSET RIDGE DRIVE
City-St-Zip: MASCOTTE, FL 34753

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: RHODES, JAMES
Address: 2210 OLYMPIA FIELDS ST.
City-St-Zip: MASCOTTE, FL 34753

Title: T (X) Change () Addition
Name: DOMINGUEZ, ALBERT
Address: 2318 BELFRY WAY
City-St-Zip: MASCOTTE, FL 34753

Title: DIR () Change (X) Addition
Name: GRAHAM, HUNTER S
Address: 2218 OLYMPIA FIELDS ST.
City-St-Zip: MASCOTTE, FL 34753

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: ALBERTO DOMINGUEZ

TREA

04/30/2009

Electronic Signature of Signing Officer or Director

Date