

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009248

FILED
Jan 03, 2012
Secretary of State

Entity Name: DUKES LAKE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5445 CAPE HATTERAS DR
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.
5445 CAPE HATTERAS DR
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
Name: GRAHAM, HUNTER S
Address: 2218 OLYMPIA FIELDS ST.
City-St-Zip: MASCOTTE, FL 34753

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

Title: S
Name: DOMINGUEZ, KELLY
Address: 2318 BELFRY WAY
City-St-Zip: MASCOTTE, FL 34753

Title: T
Name: DOMINGUEZ, ALBERT
Address: 2318 BELFRY WAY
City-St-Zip: MASCOTTE, FL 34753

Title: DIR
Name: KIRK, MICHAEL
Address: 1833 WESTERN HILLS LANE.
City-St-Zip: MASCOTTE, FL 34753

I hereby 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 all other like empowered.

SIGNATURE: GRAHAM HUNTER

P

01/03/2012

Electronic Signature of Signing Officer or Director

Date