

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003244

FILED
Apr 29, 2008
Secretary of State

Entity Name: MCDUFF COMMUNITY ASSOCIATION INC.

Current Principal Place of Business:

619 N MCDUFF AVE
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2756
JACKSONVILLE, FL 32203 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, SHELIA
1590 GUARDIAN CT.
JACKSONVILLE, FL 32221 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: D () Delete
Name: JOHNSON, SHELIA
Address: 1590 GUARDIAN CT.
City-St-Zip: JACKSONVILLE, FL 32221

Title: D () Delete
Name: TUKES, EVELYN
Address: 3679 CRIMSONS OAKS DRIVE
City-St-Zip: JACKSONVILLE, FL 32277

Title: DP () Delete
Name: BOSTON, DAVID
Address: P.O. BOX 2756
City-St-Zip: JACKSONVILLE, FL 32203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: EVELYN TUKES

D

04/29/2008

Electronic Signature of Signing Officer or Director

Date