


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90455 042 ****61.25

DOCUMENT # N04000001128	
1. Entity Name DUVAL PLACE CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 1300 NW 17TH ST., SUITE 255 DELRAY BEACH, FL 33445	Mailing Address 1300 NW 17TH AVE., SUITE 255 DELRAY BEACH, FL 33445
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50015433

2. Principal Place of Business 122 SE 6th Ave Suite, Apt. #, etc.	3. Mailing Address c/o Touchstone Webb 225 Southern Bl #202 City & State West Palm Bch, FL Zip 33405 Country USA
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04202006 Chg-NP CR2E037 (11/05)

4. FEI Number 76-0727274	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RUBIN, STEVEN D 980 N. FEDERAL HWY. SUITE 434 BOCA RATON, FL 33432	7. Name and Address of New Registered Agent Name: Kathleen Salata Street Address (P.O. Box Number is Not Acceptable): c/o Touchstone Webb Ingmt 225 Southern Bl #202 City: West Palm Beach FL Zip Code: 33405
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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: *Kathleen Salata* **KATHLEEN SALATA** **PROPERTY MGR** **4/19/06**
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)

Filing Fee is \$61.25 Due by May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAVETT, STEPHEN E 1300 NW 17TH ST., SUITE 255 DELRAY BEACH, FL 33445 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P David Smith 122 SE 6th Ave #8 DeLray Beach, FL 33483 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANKIN, RICHARD M JR 1300 NW 17TH ST., SUITE 255 DELRAY BEACH, FL 33445 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Joann Dye 122 SE 6th Ave #7 DeLray Beach, FL 33483 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANKIN, RICHARD M JR 1300 NW 17TH ST STE 255 DELRAY BEACH, FL 33445 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Alex Yarnall 122 SE 6th Ave #4 DeLray Beach, FL 33483 <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: *Joann Dye* **4/20/06**
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #)