2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State
02-26-2007 90058 021 ****61.25

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1. Entity Name
DUVALL PLACE CONDOMINIUM ASSOCIATION, INC.

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

02062007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
122 S E 6th Ave.	C/O Touchstone Webb
Suite, Apt. #, etc.	Suite, Apt. #, etc. 225 Southern BL #202
City & State DeLRAY Beach, FL	City & State West Palm Beach, FL
Zip 33483 Country USA	Zip 33405 Country USA

4. FEI Number 76-0727274 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RUBIN, STEVEN D 980 N. FEDERAL HWY. SUITE 434 BOCA RATON, FL 33432	Name KATHLEEN SALATA Street Address (P.O. Box Number is Not Acceptable) Touchstone Webb MgmT 225 Southern BL #202 City West Palm Beach FL Zip Code 33405

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 2-3-07
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, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SMITH, DAVID 122 SE 6TH AVE #8 DELRAY BEACH, FL 33483	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JOANN, DYE 122 SEE 6TH AVE #7 DELRAY BEACH, FL 33483	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP LORI CARPENTER 122 SE 6th Ave #6 DELRAY Beach, FL 33483	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S YARNALL, ALEX. 122 SE 6TH AVE #4 DELRAY BEACH, FL 33483	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP SUSAN ROBINSON 122 SE 6th Ave #2 DelRAY Beach, FL 33483	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: (X)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #