2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N04000001128

Entity Name: DUVALL PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

122 SE 6TH AVE.
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

C/O TOUCHSTONE WEBB
225 SOUTHERN BLVD., 202
WEST PALM BEACH, FL 33405

New Mailing Address:

FEI Number: 76-0727274 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALATA, KATHLEEN
TOUCHSTONE WEBB MGMT.
225 SOUTHERN BLVD., 202
WEST PALM BEACH, FL 33405 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: P ( ) Delete
Name: SMITH, DAVID
Address: 8111 COATES ROW PL
City-St-Zip: UNIVERSITY PARK, FL 34201

Title: T ( ) Delete
Name: CARPENTER, STEPHEN
Address: 122 SE 6TH AVE. #6
City-St-Zip: DELRAY BEACH, FL 33483

Title: S ( ) Delete
Name: BUONCONTTI, BOB
Address: 122 SE 6TH AVE #1
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: ROBINSON, SUSAN
Address: 122 SE 6TH AVE #2
City-St-Zip: DELRAY BEACH, FL 33483

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

Title: P (X) Change ( ) Addition
Name: BUONCONTTI, BOB
Address: 122 SE 6TH AVE #1
City-St-Zip: DELRAY BEACH, FL 33483

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: KATHLEEN SALATA PM 04/15/2009

Electronic Signature of Signing Officer or Director — Date