

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90012 005 ****61.25

DOCUMENT # N04000005478

1. Entity Name

DUETTE COMMUNITY ASSOCIATION, INC.



Principal Place of Business

**30902 TAYLOR GRADE RD.
DUETTE, FL 33834 US**

Mailing Address

**30902 TAYLOR GRADE RD.
DUETTE, FL 33834 US**

40101030



02182008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1165749

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TAPPAN, FELICIA J
30902 TAYLOR GRADE RD.
DUETTE, FL 33834**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TAPPAN, FELICIA J
STREET ADDRESS	30902 TAYLOR GRADE RD.
CITY-ST-ZIP	DUETTE, FL 33834
TITLE	VP
NAME	O'CONNER, JOHN J JR
STREET ADDRESS	11075 TAYLOR GRADE RD.
CITY-ST-ZIP	DUETTE, FL 33834
TITLE	T
NAME	CARLTON, EMIL P
STREET ADDRESS	11055 S.R. 39
CITY-ST-ZIP	DUETTE, FL 33834
TITLE	S
NAME	STEVENSON, JEL
STREET ADDRESS	10306 REVELLS RD.
CITY-ST-ZIP	DUETTE, FL 33834
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08

Date

941-776-2019

Daytime Phone #