

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

3/14

FILED
Apr 16, 2007 8:00 am
Secretary of State

03-14-2007 90030 017 ****61.25

DOCUMENT # N06000005328

1. Entity Name

DUPONT CENTER OWNERS' ASSOCIATION, INC.



Principal Place of Business

780 N PONCE DE LEON BLVD
ST AUGUSTINE FL 32084

Mailing Address

780 N PONCE DE LEON BLVD
ST AUGUSTINE FL 32084

66009370



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAILEY, JOHN D JR
780 N PONCE DE LEON BLVD
ST AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name **FRANK W. PEPE JR.**

Street Address (P.O. Box Number is Not Acceptable)

7136 AIA SOUTH

City **ST. AUGUSTINE**

FL

Zip Code
32080

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

Frank W. Pepe Jr.
Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW: 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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete
	PEPE, SOPHIE K	464 PARK BLVD	STRATFORD CT 06615	
	PEPE, FRANK W JR	7136 AIA SOUTH	ST AUGUSTINE FL 32080	<input type="checkbox"/> Delete
	BRITT, WILLIAM J	2507 POST RD H	SOUTHPORT CT 06890	<input checked="" type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<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 Section 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:

Frank W. Pepe Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #