

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2005 8:00 am
Secretary of State

02-24-2005 90037 021 ****61.25

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1st MOORE CR2E037 (10/04)

DOCUMENT # N17856 1. Entity Name DUCK LAKE POINT HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4520 4543 DUCK LAKE PT. TALLAHASSEE FL 32303			Mailing Address 4620 4643 DUCK LAKE PT. TALLAHASSEE FL 32303		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2952233	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
5. Name and Address of Current Registered Agent GRESKIE, EDWARD 4520 DUCK LAKE PT. TALLAHASSEE FL 32303				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u>Edward W. GRESKIE</u> <u>Edward W. GRESKIE</u> <u>2-22-05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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					
10. OFFICERS AND DIRECTORS					
TITLE	PD ROBERTS, LINDA B STREET ADDRESS 4513 DUCK LAKE PT. CITY-ST-ZIP TALLAHASSEE FL 32303	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD GESKIE, EDWARD STREET ADDRESS 4520 DUCK LAKE PT CITY-ST-ZIP TALLAHASSEE FL 32303	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D LAWRENCE, CALLIE C STREET ADDRESS 3102 LAFAYETTE ST. CITY-ST-ZIP FORT MYERS FL 33916	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D CHARLTON, CATHERINE STREET ADDRESS 313 LOUISE AVE. CITY-ST-ZIP FORT MYERS FL 33916	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Edward W. GRESKIE</u> <u>3-13-05</u> <u>562-7474</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					