

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90144 042 ****61.25

DOCUMENT # N17856

1. Entity Name

DUCK LAKE POINT HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**4520 DUCK LAKE PT.
TALLAHASSEE FL 32303**

Mailing Address

**4520 DUCK LAKE PT.
TALLAHASSEE FL 32303**



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

City & State

Zip

Country

USA

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2952233

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GESKIE, EDWARD
4520 DUCK LAKE PT
TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent

Name

EDWARD GESKIE

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

4520 DUCK LAKE POINT LANE

City

TALLAHASSEE

FL

Zip Code

32303

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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 PD
NAME ROBERTS, LINDA B
STREET ADDRESS 4513 DUCK LAKE PT.
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

TITLE PD
NAME GESKIE, EDWARD
STREET ADDRESS 4520 DUCK LAKE PT
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

TITLE D
NAME LAWRENCE, CALLIE C
STREET ADDRESS 3102 LAFAYETTE ST.
CITY-ST-ZIP FORT MYERS FL 33916 ☐ Delete

TITLE D
NAME CHARLTON, CATHERINE
STREET ADDRESS 313 LOUISE AVE.
CITY-ST-ZIP FORT MYERS FL 33916 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 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:

Edward Geskie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-06 562-7474
Date Daytime Phone #