


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

FILED
Apr 25, 2007 08:00 A
Secretary of State

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|---|---|
| DOCUMENT # N17856 1. Entity Name DUCK LAKE POINT HOMEOWNERS ASSOCIATION, INC. |  |
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| Principal Place of Business 4520 DUCK LAKE PT. TALLAHASSEE FL 32303 | Mailing Address 4520 DUCK LAKE PT. TALLAHASSEE FL 32303 |
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| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country |
|---|---|

1st MOORE CR2E037 (10/06)

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| 4. FEI Number 59-2952233 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent GESKIE, EDWARD 4520 DUCK LAKE POINT LN TALLAHASSEE FL 32303 | |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

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| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | 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 |
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| 10. OFFICERS AND DIRECTORS | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | PD ROBERTS, LINDA B 4513 DUCK LAKE PT. TALLAHASSEE FL 32303 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | PD GESKIE, EDWARD 4520 DUCK LAKE PT TALLAHASSEE FL 32303 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | D LAWRENCE, CALLIE C 3102 LAFAYETTE ST. FORT MYERS FL 33916 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | D CHARLTON, CATHERINE 313 LOUISE AVE. FORT MYERS FL 33916 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000730387 05/08/07-80080-004 61.25 |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <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: Edward W. Geskie 4-24-07 880-562-7474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #