

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17856

FILED
Jan 06, 2009
Secretary of State

Entity Name: DUCK LAKE POINT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4520 DUCK LAKE PT.
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

4520 DUCK LAKE PT.
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 59-2952233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GESKIE, EDWARD
4520 DUCK LAKE POINT LN
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROBERTS, LINDA B
Address: 4513 DUCK LAKE PT.
City-St-Zip: TALLAHASSEE, FL 32303

Title: PD () Delete
Name: GESKIE, EDWARD
Address: 4520 DUCK LAKE PT
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: LAWRENCE, CALLIE C
Address: 3102 LAFAYETTE ST.
City-St-Zip: FORT MYERS, FL 33916

Title: D () Delete
Name: CHARLTON, CATHERINE
Address: 313 LOUISE AVE.
City-St-Zip: FORT MYERS, FL 33916

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD W. GESKIE

PRES

01/06/2009

Electronic Signature of Signing Officer or Director

Date