

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90333 004 ****61.25

DOCUMENT # N19630 1. Entity Name WOOD DUCK ISLAND PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business 100 VISTA ROYALE BLVD VERO BEACH, FL 32962		Mailing Address 100 VISTA ROYALE BLVD VERO BEACH, FL 32962	
2. Principal Place of Business PROPERTY 90 SCHLITT MANAGEMENT Suite, Apt. #, etc. 3240 CARDINAL DRIVE City & State VERO BEACH, FL Zip 32963		3. Mailing Address PROPERTY 90 SCHLITT MANAGEMENT Suite, Apt. #, etc. 3240 CARDINAL DR. City & State VERO BEACH, FL Zip 32963	
4. FEI Number 65-0034094		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORNETT, GOOGER & ASSOC. 401 E OSCEOLA ST. 1ST FLR. STUART, FL 34994		7. Name and Address of New Registered Agent Name SCHLITT PROPERTY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 3240 CARDINAL DR. City VERO BEACH FL Zip Code 32963	
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 DATE 3/22/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME KOENIG, FRED STREET ADDRESS 100 VISTA ROYALE BLVD. CITY-ST-ZIP VERO BEACH, FL 32962	<input checked="" type="checkbox"/> Delete	TITLE S NAME KAREN ROBERTS STREET ADDRESS 4779 WOOD DUCK CIRCLE CITY-ST-ZIP VERO BEACH, FL 32967	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DP NAME DOOLEY, THOMAS B STREET ADDRESS 100 VISTA ROYALE BLVD CITY-ST-ZIP VERO BEACH, FL 32962	<input checked="" type="checkbox"/> Delete	TITLE D NAME TUCKER PLATT STREET ADDRESS 4805 WOOD DUCK CIRCLE CITY-ST-ZIP VERO BEACH, FL 32967	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V NAME GRAY, RICHARD STREET ADDRESS 100 VISTA ROYALE BLVD. CITY-ST-ZIP VERO BEACH, FL 32962	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME DURESS, NANCES STREET ADDRESS 100 VISTA ROYALE BLVD CITY-ST-ZIP VERO BEACH, FL 32962	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE BT NAME BALINT, MIKE STREET ADDRESS 100 VISTA ROYALE BLVD CITY-ST-ZIP VERO BEACH, FL 32962	<input type="checkbox"/> Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME NICHOLSON, NICK STREET ADDRESS 100 VISTA ROYALE BLVD. CITY-ST-ZIP VERO BEACH, FL 32962	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-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 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:		3/28/05 Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

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