

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90367 010 ****61.25

DOCUMENT # N19630 1. Entity Name WOOD DUCK ISLAND PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business C/O SCHLITT PROPERTY MANAGEMENT 3240 CARDINAL DR VERO BEACH, FL 32963			Mailing Address C/O SCHLITT PROPERTY MANAGEMENT 3240 CARDINAL DR VERO BEACH, FL 32963		
2. Principal Place of Business - No P.O. Box # 333 17th Street		3. Mailing Address 333 17th Street		 03012007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc. Suite 2L		Suite, Apt. #, etc. Suite 2L			
City & State Vero Beach, FL		City & State Vero Beach, FL			
Zip 32960		Zip 32960			
Country USA		Country USA		4. FEI Number 65-0034094	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SCHLITT PROPERTY MANAGEMENT 3240 CARDINAL DR VERO BEACH, FL 32963				7. Name and Address of New Registered Agent Name A.R. Choice Management Street Address (P.O. Box Number is Not Acceptable) 333 17th Street Suite 2L City Vero Beach FL Zip Code 32960	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> DATE </div> </div>					
Filing 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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LANLEY, HOWARD 4828 WOOD DUCK CIRCLE VERO BEACH, FL 32967 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Langley, Howard (correct spelling of last name) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUCKER, P 4805 WOOD DUCK CIRCLE VERO BEACH, FL 32967 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Platt, Tucker 4805 Wood Duck Circle Vero Beach, FL 32967 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRAY, RICHARD 100 VISTA ROYALE BLVD. VERO BEACH, FL 32962 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Gray, Colleen 4809 Wood Duck Circle Vero Beach, FL 32967 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REYNOLDS, PAT 4820 WOOD DUCK VERO BEACH, FL 32967 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McGowen, Joseph 4810 Wood Duck Circle Vero Beach, FL 32967 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACE, RALPH 4818 WOOD DUCK CIRCLE VERO BEACH, FL 32967 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP mace, Ralph 4818 Wood Duck Circle Vero Beach, FL 32967 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 exemptions contained 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 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: Howard Langley 3/7/07 772-567-0808 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					