2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2007
Secretary of State

DOCUMENT# N49982

Entity Name: THE DUCKPOND NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

703 N. MAIN STREET
SUITE C
GAINESVILLE, FL 32601 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 233
GAINESVILLE, FL 326020233 US

New Mailing Address:

FEI Number: 59-3129037 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WARREN, ROBERT
703 N. MAIN STREET
SUITE C
GAINESVILLE, FL 32601 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:	MR.	( ) Delete
Name:	WELLS, RANDOLF M PRES	
Address:	530 NE 10TH AVENUE	
City-St-Zip:	GAINESVILLE, FL 32601	
Title:	MS.	( ) Delete
Name:	BARR, MELANIE VP	
Address:	216 NE 5TH STREET	
City-St-Zip:	GAINESVILLE, FL 32601	
Title:	MS.	( ) Delete
Name:	AUTH, JOANNE SECY	
Address:	425 NE 7TH STREET	
City-St-Zip:	GAINESVILLE, FL 32601	
Title:	MS.	( ) Delete
Name:	REEVES, MICHELLE TREAS	
Address:	305 NE 5TH AVENUE	
City-St-Zip:	GAINESVILLE, FL 32601	
Title:	MR.	( ) Delete
Name:	COVELL, CHARLES BOARD	
Address:	207 NE 9TH AVENUE	
City-St-Zip:	GAINESVILLE, FL 32601	
Title:	MR.	(X) Delete
Name:	NOZZI, DOM BOARD	
Address:	516 NE 4TH STREET	
City-St-Zip:	GAINESVILLE, FL 32601	

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:	
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: MICHELLE REEVES TREA 07/27/2007
Electronic Signature of Signing Officer or Director — Date