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NONPROFIT CORPORATION ANNUAL REPORT

appears in Block 12 or Block 13

SIGNATURE:



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

N9300004385 (1)

DUCK CROSSING	CONDOMINIUM	ASSOCIATION.	INC
DUUN UNUSSING	CONTONTINA	COCCULTION	1110

Mailing Address Principal Place of Business 578 STERTHAUS AVE. 578 STERTHAUS AVE. ORMOND BEACH FL 32174 ORMOND BEACH FL 32174 3a. Date of Last Benort 3. Date Incorporated or Qualified 04/13/1995 09/28/1993 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-3209440 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5,00 May Be Added to Fees 28 Trust Fund Contribution 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Country Ζφ Florida Statutes Yes 👿 No 30 25 29 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HANDEL, FANNY Street Address (P.O. Box Number is Not Acceptable) 82 578 STERTHAUS AVE. **ORMOND BEACH FL 32174** 85 Zip Code 84 City 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. DATE SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Change ☐ Addition DELETE 1 1 TITLE TITLE HANDEL, FANNY 1.2 NAME NAME 578 STERTHAUS AVE 24 CROOKED TREE TRAIL 1.3 STREET ADDRESS Opmond Beach PL 32174
Denange STREET ADDRESS **ORMOND BEACH FL 32174** 1.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Addition DELETE 21 TITLE DV TITLE 22 NAME HANDEL, MAXIMO NAME STERT HAVE 24 CROOKED TREE TRAIL 2.3 STREET ADDRESS STREET ADDRESS **ORMOND BEACH FL 32174** 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE DST TITLE 3.2 NAME HANDEL, DIEGO NAME 3.3 STREET ADDRESS 1502 S PALMETTO AVE SUITE 100 STREET ADDRESS DAYTONA BEACH FL 3.4. CITY - ST - ZIP CITY-S1-ZIP Change Addition DELETE 41 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS. 4.4 CHY-ST-ZIP CITY - ST - ZIP Change ■ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 6.1 THILE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - S1 - ZIP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further

certify that the information indicated on this annual report or supplemental annual 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

03/26/96. 904/672-654]

or on an attachment with an address