#### **FILE NOW: FILING FEE IS \$61.25**

NONPROFITCORPORATIONANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999

## DOCUMENT # N9300004385

Country

25

Corporation Name

### DUCK CROSSING CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 778 STERTHAUS AVE.								
578 STERTHAUS AVE.								
ODMOND DEACH EL 20174								

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

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Zio

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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578 STERTHAUS AVE. ORMOND BEACH FL 32174

# FILED May 03, 1999 8:00 am § Secretary of State

05-03-1999 90081 043 \*\*\*\*61.25

4 7 2 4 3 0 + 472430 - 90081 - 43

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable



3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

09/28/1993

59-3209440

4. FEI Number

	<ol><li>Name and Address of Current Registered Ag</li></ol>	ent			IV. Name and Address of New Registered A	Aerir		
			81	Name				
HANDEL, FANNY 578 STERTHAUS AVE. ORMOND BEACH FL 32174				Street	Street Address (P.O. Box Number is Not Acceptable)			
				3				
URMUND	DEACH FL 321/4					85 Zip C	Nada —	
			84	City	· FL	85   Zip C	ode	
office or r	to the provisions of Sections 617.0502 and 617.1508, egistered agent, or both, in the State of Florida. Such m familiar with, and accept the obligations of, Section	change was autho	onzed Dv	/ the com	d corporation submits this statement for the purpose of clooration's board of directors. I hereby accept the appoint	nanging its ment as reg	registered gistered	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Rec	istered Ape	ent signature i	required when reinstating) DATE		<del></del>	
12.	OFFICERS AND DIRECTORS	(1012.143	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	
TITLE		DELETE	1.1 TITLE			Change	Addition	
NAME	HANDEL, FANNY		1.2 NAME				ļ	
STREET ADDRESS	578 STERTHAUS AVE		1.3 STREE	TADDRESS	5			
CITY-ST-ZIP	ORMOND BEACH FL 32174		1.4 CITY-5	ST-ZIP				
TITLE	DV .	☐ DELETE	2.1 TITLE			Change	☐ Addition	
NAME	HANDEL, MAXIMO		2.2 NAME					
STREET ADDRESS	578 STERTHAUS AVE		2.3 STREE	TADORESS	i			
CITY-ST-ZIP.	ORMOND BEACH, FL.32174		2. 4 CITY-	ST-ZIP				
TITLE	DST	☐ DELETE	3.1 TITLE			Change	Addition	
NAME	HANDEL, DIEGO		3.2 NAME					
STREET ADDRESS	1502 S PALMETTO AVE SUITE 100		3.3 STREE	ET ADDRESS	<b>;</b>		1	
CITY-ST-ZIP	DAYTONA BEACH FL 32174		3.4. CITY-	ST-ZIP	†			
ΠLE		☐ DELETE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAME	<u> </u>				
STREET ADDRESS			4.3 STREE	ET ADDRESS				
CITY-ST-ZIP	,		4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition	
NAME	•		5.2 NAME				Ì	
STREET ADDRESS			5.3 STREE	ET ADDRESS	<b>;</b>			
CITY-ST-ZIP			5.4 CITY					
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition	
NAME	,		6.2 NAME					
STREET ADDRESS	·		6.3 STREE	ET ADDRESS	5		,	
CITY-ST-ZIP			6.4 CITY-			E . 41 4 41 7:	-f	
14. I hereby o	certify that the information supplied with this filing does	not qualify for the	e exemp	tion state	ed in Section 119.07(3)(i), Florida Statutes. I further certif	y that the ir	ntormation	

Country

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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 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 appears in Block 12 or Block 13 if changed, qr on an attachment with an address, with all other like empowered.

SIGNATURE

ATURE AND TYPED OF ARINTED NAME OF SIGNING OFFICER OR DIRECTOR

HANDEL 04/28/99

904.672.6547

R2E037 (11/98)