

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004385

1. Entity Name

DUCK CROSSING CONDOMINIUM ASSOCIATION, INC.

FILED

Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90027 049 ****61.25

Principal Place of Business

Mailing Address

578 STERTHAUS AVE.
ORMOND BEACH FL 32174

578 STERTHAUS AVE.
ORMOND BEACH FL 32174-5128

2. Principal Place of Business

3. Mailing Address

P.O. Box 4163

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ormond Beach

Zip

Country

Zip

Country

FL

32175

4. FEI Number

59-3209440

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANDEL, FANNY
578 STERTHAUS AVE.
ORMOND BEACH FL 32174

Name

Street Address (P.O. Box Number is Not Acceptable)

One John Anderson Drive

Unit 710

City

Ormond Beach

FL

Zip Code

32176

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.

SIGNATURE

Fanny Handel

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/03/00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete
NAME HANDEL, FANNY
STREET ADDRESS 578 STERTHAUS AVE
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE ☒ Change ☐ Addition
NAME One John Anderson Drive, Unit 710
STREET ADDRESS ORMOND BEACH, FL 32176
CITY-ST-ZIP

TITLE DV ☐ Delete
NAME HANDEL, MAXIMO
STREET ADDRESS 578 STERTHAUS AVE
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE ☒ Change ☐ Addition
NAME One John Anderson Drive
STREET ADDRESS ORMOND BEACH, FL 32176
CITY-ST-ZIP

TITLE DST ☐ Delete
NAME HANDEL, DIEGO
STREET ADDRESS 1502 S PALMETTO AVE SUITE 100
CITY-ST-ZIP DAYTONA BEACH FL 32174

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED Fanny Handel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/03/00

Daytime Phone #

904/673-0878

CR2E037 (9/99)