

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 10, 2006 8:00 am
Secretary of State

01-17-2006 90230 010 ****61.25

DOCUMENT # N95000004212 1. Entity Name THE DUCK KEY OWNERS' ASSOCIATION, INC.			
Principal Place of Business ARGUS MGMT. 2477 STICKNEY PT. RD., 118A SARASOTA, FL 34231		Mailing Address ARGUS MGMT. 153 CENTER RD. VENICE, FL 34285	
2. Principal Place of Business 153 CENTER ROAD Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State VENICE FL		City & State	
Zip 34285		Country US	
4. FEI Number 65-0657636		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARGUS MANAGEMENT OF VENICE, INC. 153 CENTER ROAD VENICE, FL 34285		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 181 Center Rd City Venice FL Zip 34285	
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. SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small>			
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCGHEE, NOREEN 6690 LINO ROAD NORTH PORT, FL 34287	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REYNOLDS, DENNIS 8560 LAMAR CT. NORTH PORT, FL 34287	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. RAY SHERMAN 8730 MYSTIC CIR. NORTH PORT, FL. 34287 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COFFAGE, MIKE 6630 LINO RD. NORTH PORT, FL 34287	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES. JOHN SCAFFIDI 6949 PAN AMERICAN NORTH PORT, FL. 34287 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOENLA, FRED 8560 OKEE CT. NORTH PORT, FL 34287	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. PYOTR SHEYNER 6952 PAN AMERICAN NORTH PORT, FL. 34287 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDERMITT, TOM 8740 MYSTIC CR. NORTH PORT, FL 34287	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR</small>			



ATTACHMENT

6600189

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2006

THE DUCK KEY OWNERS' ASSOCIATION, INC.
ARGUS MGMT.
153 CENTER RD.
VENICE, FL 34285

Subject: THE DUCK KEY OWNERS' ASSOCIATION, INC.

Reference Number: N95000004212

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION