2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N95000004212

Entity Name: THE DUCK KEY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

181 CENTER RD
VENICE, FL 34285

New Principal Place of Business:

181 CENTER ROAD
VENICE, FL 34285 US

Current Mailing Address:

181 CENTER RD
VENICE, FL 34285

New Mailing Address:

FEI Number: 65-0657636 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARGUS MANAGEMENT OF VENICE, INC.
181 CENTER RD
VENICE, FL 34285 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: T ( ) Delete
Name: MCGHEE, NOREEN
Address: 6690 LINO ROAD
City-St-Zip: NORTH PORT, FL 34287

Title: S ( ) Delete
Name: HARVEY, GAIN
Address: 6660 MYSTIC CR
City-St-Zip: NORTH PORT, FL 34287

Title: VP ( ) Delete
Name: MANGOLD, CHARLES
Address: 7024 PAN AMERICAN BLVD
City-St-Zip: NORTH PORT, FL 34287

Title: D ( ) Delete
Name: SHEYNER, PYOTR
Address: 6952 PAN AMERICAN
City-St-Zip: NORTH PORT, FL 34287

Title: PD (X) Delete
Name: MCDERMITT, TOM
Address: 8740 MYSTIC CR.
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: SHERMAN, DONNA
Address: 181 CENTER ROAD
City-St-Zip: VENICE, FL 34285 US

Title: S (X) Change ( ) Addition
Name: HARVEY, CAIN
Address: 181 CENTER ROAD
City-St-Zip: VENICE, FL 34285 US

Title: P (X) Change ( ) Addition
Name: MCDERMITT, TOM
Address: 181 CENTER ROAD
City-St-Zip: VENICE, FL 34285 US

Title: D (X) Change ( ) Addition
Name: SHEYNER, PYOTR
Address: 181 CENTER ROAD
City-St-Zip: VENICE, FL 34285 US

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: SHAUN O'GRADY CAM 04/24/2009
Electronic Signature of Signing Officer or Director — Date