

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712001

Entity Name: DUVALL HOMES, INC.**Current Principal Place of Business:**3395 GRAND AVENUE
GLENWOOD, FL 32722**Current Mailing Address:**P.O. BOX 220036
GLENWOOD, FL 32722**FEI Number:** 59-1159090**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DEVANE, STEVEN
3395 GRAND AVE.
GLENWOOD, FL 32722 US*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**Officer/Director Detail :**

Title	S
Name	PEARCE, KATE
Address	2691 OAK RD.
City-State-Zip:	DELAND FL 32720

Title	VC
Name	MARSHALL, RANDY
Address	PO BOX 740117
City-State-Zip:	ORANGE CITY FL 32774

Title	CEO
Name	DEVANE, STEVEN
Address	26 FOXFORDS CHASE
City-State-Zip:	ORMOND BEACH FL 32174

Title	CFO
Name	KUMMERER, KAREN
Address	2430 INDIA PALM DRIVE #D
City-State-Zip:	EDGEWATER FL 32141

Title	COO
Name	SHANKLETON, MARSHA
Address	44 WISTERIA DR
City-State-Zip:	DEBARY FL 32713

Title	CHIEF QUALITY ASSURANCE OFFICER
Name	WEBSTER, JULEITH
Address	2681 SALTERS COURT
City-State-Zip:	DELTONA FL 32738

Title	C
Name	WALSH, ROBERT
Address	123 W. INDIANA AVE.
City-State-Zip:	DELAND FL 32720

I hereby 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 all other like empowered.

SIGNATURE: KAREN KUMMERER**CFO****02/11/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date