3/1/(2001 UNIFORM BUSINESS REPORT (UBR) Apr 04, 2001 8:00 am Secretary of State **DOCUMENT # 759184** ASSOC 1. Entity Name DUGLAS PLACE CONDOMINIUM 03-01-2001 90006 012 ****61.25 DOUGLAS PLACE CONDOMINIUM ASSOCIATION, INC. AND BOOKS STOCK Principal Place of Business Mailing Address P. 0. BOX 14748 DOUGLAS PLACE #201 NOBTH PANA BEACH FL 33408 321 NE LAKEVIEW DR SEBRING FL 33870 2. Principal Place of Business 3. Mailing Address ERRY HARTIGH Suite, Apr. #, etc. 423 STONIT RIVER RD. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For PL. RADENTON 59-2265483 Not Applicable Zip \$8.75 Additional Country MANA TEE 5. Certificate of Status Desired **20**? Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent フィアスペッ gaster, **g**ordøn d. 1640 TWELY OAKS WAY, SUITE 302 N PALMLECH EL 33408 RRADENTON 8. The above named entity submits this statement for the purpose of changing its legistered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, typed or printed name of re DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TERRY HARTIGH & PD TITLE TITLE GASTER, GORDON D. NAME NAME STREET ADDRESS STREET ADDRESS 1640 TWELVE OAKS WAY, SUITE 302 **CR2E037** BRADENTON, FL. 34203 CITY-ST-ZIP CITY-ST-ZIP N PALM BCH FL 1ERRY HARTICH RD Change TITLE STD TITLE NAME FISCHER, JULIE A NAME STREET ADDRESS STREET ADDRESS 215 NORTH WORTH COURT BRADENTON, PL, 34203 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BCH FL Delete TERRY HARTIGHT (Change D TITLE TITLE 6423 STONE RIVER RD NAME GASTER, LEAH-NAME STREET ADDRESS 207 WALTON STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL 3340 TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/01 (94)7536382