FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 MAY 19 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01428 (4)

1. Corporation Name
ONE DOUGLAS PLACE ASSOCIATION, INC.

600001498316
-05/24/95--01069--001
****130.00 ****130.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
112 W. CITRUS STREET ALTAMONTE SPRINGS FL 32714	112 W. CITRUS STREET ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified: 02/14/1984
3a. Date of Last Report: 03/29/1994
4. FEI Number: 59-2379155 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ALPER, HARVEY M.
112 W. CITRUS STREET
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	WALDEN, FRANKLIN T.	12 NAME		
STREET ADDRESS	112 WEST CITRUS STREET	13 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPGS FL	14 CITY-ST-ZIP		
TITLE	DP	21 TITLE		☐ Change ☐ Addition
NAME	CANNAVINO, JOHN	22 NAME		
STREET ADDRESS	112 WEST CITRUS STREET	23 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPGS FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	ALPER, HARVEY M.	32 NAME		
STREET ADDRESS	112 WEST CITRUS STREET	33 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPGS FL	34 CITY-ST-ZIP		
TITLE	DST	41 TITLE		☐ Change ☐ Addition
NAME	MASSEY, GARY	42 NAME		
STREET ADDRESS	112 WEST CITRUS STREET	43 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPGS FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	TEIA 5-19-95	☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Gary L. Massey 4/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003023