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NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Jan 24 1997 8:00am
Secretary of StateDOCUMENT # **N01428** (4)

1. Corporation Name

ONE DOUGLAS PLACE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**112 W. CITRUS STREET
ALTAMONTE SPRINGS FL 32714****112 W. CITRUS STREET
ALTAMONTE SPRINGS FL 32714-2502**3. Date Incorporated or Qualified
02/14/19843a. Date of Last Report
02/08/1996

2. Principal Place of Business

2a. Mailing Address

11 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

Country

29

Country

30

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETENAME **WALDEN, FRANKLIN T.**
STREET ADDRESS **112 WEST CITRUS STREET**
CITY - ST - ZIP **ALTAMONTE SPGS FL**TITLE **DP** ☐ DELETENAME **CANNAVINO, JOHN**
STREET ADDRESS **112 WEST CITRUS STREET**
CITY - ST - ZIP **ALTAMONTE SPGS FL**TITLE **D** ☐ DELETENAME **ALPER, HARVEY M.**
STREET ADDRESS **112 WEST CITRUS STREET**
CITY - ST - ZIP **ALTAMONTE SPGS FL**TITLE **DST** ☐ DELETENAME **MASSEY, GARY**
STREET ADDRESS **112 WEST CITRUS STREET**
CITY - ST - ZIP **ALTAMONTE SPGS FL**TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97 (407) 774-5200
Date Daytime Phone # 0013108

CR2E037 (9/96)