~~AMENDED NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 5, 1995.~~
~~AMOUNT DUE ON OR BEFORE AUGUST 5,1995 IF RECEIVED, THEREAFTER AMOUNT DUE TO REINSTATE, $500~~

# NONPROFIT CORPORATION ANNUAL REPORT 1995

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

**FILED**
1995 JUL 13 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 759184 (5)

1. Corporation Name
DOUGLAS PLACE CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| DOUGLAS PLACE ~~#102~~ 201<br>321 NE LAKEVIEW DR<br>SEBRING FL 33870<br>US | P. O. BOX 14748<br>NORTH PALM BEACH FL 33408 |

3. Date Incorporated or Qualified: 07/15/1981
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-2265483 ☐ Applied For ☐ Not Applicable
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 ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

9. Name and Address of Current Registered Agent

GASTER, GORDON D.
11370 TWELVE OAKS WAY #418
N PALM BCH FL 33408

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1640 TWELVE OAKS WAY #302
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] 6/6/95
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 1.1 TITLE | ☒ Change ☐ Addition |
| NAME | GASTER, GORDON D. | 1.2 NAME | |
| STREET ADDRESS | ~~11370~~ TWELVE OAKS WAY #418 | 1.3 STREET ADDRESS | 1640 TWELVE OAKS WAY, #302 |
| CITY-ST-ZIP | N PALM BCH FL | 1.4 CITY-ST-ZIP | NORTH PALM BEACH, FL. 33408 |
| TITLE | STD | 2.1 TITLE | ☒ Change ☐ Addition |
| NAME | GASTER, JULIE A | 2.2 NAME | |
| STREET ADDRESS | ~~4200 COMMUNITY DR #2107~~ | 2.3 STREET ADDRESS | 215 NORTH WORTH COURT |
| CITY-ST-ZIP | WEST PALM BEACH FL | 2.4 CITY-ST-ZIP | 33405 |
| TITLE | D | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | PALMER, ROBERT P | 3.2 NAME | |
| STREET ADDRESS | 415 WEST MAIN ST | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | AVON PARK FL | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

CR2E037 (3/95)

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 asterisk.

SIGNATURE: [signature] 6/6/95 (407) 775-1322
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

GORDON D. GASTER, PRESIDENT

0010000