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Jan 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 720941 (4)
1. Corporation Name
DOUGLAS ARMS APARTMENT OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
2753 STATE RD. 580 SUITE 207 CLEARWATER FL 34621 US
2753 STATE RD. 580 SUITE 207 CLEARWATER FL 34621-3345 US

3. Date Incorporated or Qualified 05/14/1971 3a. Date of Last Report 01/29/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1460969	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REARDON, MAUREEN C.
2753 STATE RD. 580
SUITE 207
CLEARWATER 34621

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESMER, VERNON		1.2 NAME	
STREET ADDRESS	870 LOCH LINNHE LANE 125		1.3 STREET ADDRESS	
CITY - ST - ZIP	DUNEDIN FL		1.4 CITY - ST - ZIP	
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKERSON, THELMA		2.2 NAME	
STREET ADDRESS	100 CLYDE LANE 111		2.3 STREET ADDRESS	
CITY - ST - ZIP	DUNEDIN FL		2.4 CITY - ST - ZIP	
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASELLA, CONSTANCE		3.2 NAME	
STREET ADDRESS	200 GLENNES LANE, SUITE 111		3.3 STREET ADDRESS	
CITY - ST - ZIP	DUNEDIN FL		3.4 CITY - ST - ZIP	
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANZEL, JACK		4.2 NAME	
STREET ADDRESS	100 GLENNES LANE 201		4.3 STREET ADDRESS	
CITY - ST - ZIP	DUNEDIN FL		4.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY - ST - ZIP			5.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY - ST - ZIP			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: *Thelma M. Dickerson* 1-15-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0087383

CR2E037 (9/96)