FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

720941

(4)

DOUGLAS ARMS APARTMENT OWNERS ASSOCIATION, INC.

Principal Place of Business		Mailing Address			BS OLDEN ÖVEST ATATI OLDER DIREK OTASI 1001
2753 STATE RD. 580 Suite 207 Clearwater Fl 34621		2753 STATE AD. 580 SUITE 207 CLEARWATER FL 34621-3345 US			,
US				3. Date Incorporated or Qualified 05/14/1971	3a. Date of Last Report 01/29/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1460969	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	2	City & State		6. Election Campaign Financing	\$5.00 May Be
23	_	28			Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for int	
24	9. Name and Address of Currer		30	Florida Statutes 10. Name and Address of New Regi	
	9. Name and Address of Currer	it uedistaten waarit	81 Name		staten võetit
DEADO	ON MANDEEN C				
REARDON, MAUREEN C. 2753 STATE RD. 580			82 Street	Address (P.O. Box Number is Not Acceptable)
SUITE 207			83		
	NATER 34621		24 65		
022 ***			84 City		FL 85 Zip Code
office or r	egistered agent, or both, in the State	of Florida. Such change was a	uthorized by the cor	d corporation submits this statement for the pur poration's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
	m familiar with, and accept the oblig	ations of, Section 617,0503, Fig.	rida Statutes.		
SIGNATURE .	Stgnature, typed or printed name of registered ag-	ant and little if applicable (NOTE	Registered Agent signature	re required when reinstating)	DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	VD	☐ DELETE	1.1 TITLE		Change Addition
NAME	MESMER, VERNON		1.2 NAME		
STREET ADDRESS	870 LOCH LINNHE LANE 12	5	1.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL		1.4 CITY - ST - ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		Change Addition
NAME	DICKERSON, THELMA		2.2 NAME		
STREET ADDRESS	100 CLYDE LANE 111 DUNEDIN FL		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TD TD	☐ DELETE	2. 4 CITY-ST-ZIP 31 TITLE		Change Addition
NAME	CASELLA, CONSTANCE		3.2 NAME		C Average C very light
STREET ADDRESS	200 GLENNES LANE, SUITE	111	3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL	***	3.4. CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		Change 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		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY+ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- Date Daytime Phone # 0067383

FILED

Jan 24 1997 8:00am

Secretary of State