

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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.



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|---|---|
| Principal Place of Business 2753 STATE RD. 580 SUITE 207 CLEARWATER FL 34621 US | Mailing Address 2753 STATE RD. 580 SUITE 207 CLEARWATER FL 34621 US |
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|--|---|---|
| 3. Date Incorporated or Qualified 05/14/1971 | | |
| 4. FEI Number 59-1460969 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

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| 2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 33761 | 2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 33761 |
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9. Name and Address of Current Registered Agent
**REARDON, MAUREEN C.
2753 STATE RD. 580
SUITE 207
CLEARWATER 34621**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL 33761

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 _____ 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 | VD | 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 | 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 | 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 | 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 | | 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 | | 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 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: *Sandra B. Mortham*
The Hon. Sandra B. Mortham
2-6-98 813-733-6130

CR2E037 (10/97)