

FILE NOW: FILING FEE IS \$61.25

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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 720941 (4)
1. Corporation Name
DOUGLAS ARMS APARTMENT OWNERS ASSOCIATION, INC.



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		

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	Country 25 Country 30
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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

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MESMER, VERNON	
STREET ADDRESS	870 LOCH LINNHE LANE 125	
CITY - ST - ZIP	DUNEDIN FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DICKERSON, THELMA	
STREET ADDRESS	100 CLYDE LANE 111	
CITY - ST - ZIP	DUNEDIN FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CASELLA, CONSTANCE	
STREET ADDRESS	200 GLENNES LANE, SUITE 111	
CITY - ST - ZIP	DUNEDIN FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GANZEL, JACK	
STREET ADDRESS	100 GLENNES LANE 201	
CITY - ST - ZIP	DUNEDIN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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*
Sandra B. Mortham
2-6-98 813-733-6130

CR2E037 (10/97)