

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 02, 1999 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

02-02-1999 90033 005 \*\*\*\*\*61.25

DOCUMENT # 720941

1. Corporation Name  
DOUGLAS ARMS APARTMENT OWNERS ASSOCIATION, INC.

Principal Place of Business  
2753 STATE RD. 580  
SUITE 207  
CLEARWATER FL 33761  
US

Mailing Address  
2753 STATE RD. 580  
SUITE 207  
CLEARWATER FL 33761  
US



|   |                        |   |                                   |
|---|------------------------|---|-----------------------------------|
| 2. Principal Place of Business                  | 2a. Mailing Address    | 3. Date Incorporated or Qualified                         |                                   |
| 21 Suite, Apt. #, etc.                          | 26 Suite, Apt. #, etc. | 05/14/1971  |                                   |
| 22 City & State                                 | 27 City & State        | 4. FEI Number   | Applied For<br>Not Applicable     |
| 23 Zip  | 28 Zip                 | 59-1460969  | \$8.75 Additional<br>Fee Required |
| 24 Country                                      | 29 Country             | 5. Certificate of Status Desired                          | <input type="checkbox"/>          |
|   | 30                     | 6. Election Campaign Financing<br>Trust Fund Contribution | <input type="checkbox"/>          |
| 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   |                         |
| 82 Street Address (P.O. Box Number is Not Acceptable) |                         |
| 83  |                         |
| 84 City   | FL 85 Zip Code<br>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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------------|---|---|
| TITLE                      | VD<br>MESMER, VERNON            | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 870 LOCH LINNHE LANE 125        | 1.2 NAME  |   |
| STREET ADDRESS             | DUNEDIN FL                      | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <input type="checkbox"/> DELETE | 1.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | PD<br>DICKERSON, THELMA         | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 100 CLYDE LANE 111              | 2.2 NAME  |   |
| STREET ADDRESS             | DUNEDIN FL                      | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <input type="checkbox"/> DELETE | 2.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | TD<br>CASELLA, CONSTANCE        | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 200 GLENNES LANE, SUITE 111     | 3.2 NAME  |   |
| STREET ADDRESS             | DUNEDIN FL                      | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <input type="checkbox"/> DELETE | 3.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | SD<br>GANZEL, JACK              | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 100 GLENNES LANE 201            | 4.2 NAME  |   |
| STREET ADDRESS             | DUNEDIN FL                      | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <input type="checkbox"/> DELETE | 4.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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                | <input type="checkbox"/> DELETE | 5.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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                | <input type="checkbox"/> DELETE | 6.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 1-6-99 DAYTIME PHONE #: 733-0130

CR2E037 (1/198)