

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 08:00 AM
Secretary of State

DOCUMENT # 720941

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

| | | | |
|---|----|---|----|
| Principal Place of Business 2753 STATE RD. 580 SUITE 207 CLEARWATER 33761 US | FL | Mailing Address 2753 STATE RD. 580 SUITE 207 CLEARWATER 33761 US | FL |
|---|----|---|----|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State | 3. Mailing Address Suite, Apt. #, etc. City & State |
|---|---|

4. FEI Number
59-1460969
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
 REARDON MAUREEN C.
 Street Address (P.O. Box Number is Not Acceptable)
 2753 STATE RD. 580
 SUITE 207
 City
 CLEARWATER FL Zip Code
 33761

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ DATE **02/26/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD GANZEL JACK 100 GLENNES LANE 201 DUNEDIN FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD CASELLA CONSTANCE 200 GLENNES LANE, SUITE 111 DUNEDIN FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD HAAG AUDRY 300 GLENNES LANE 209 DUNEDIN FL 34698 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD RICHARD JOSEPH L 100 CLDE LANE 109 DUNEDIN FL 34698 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GANZEL JACK 100 GLENNES LANE 201 DUNEDIN FL 34698 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD CASELLA CONSTANCE 200 GLENNES LANE, SUITE 111 DUNEDIN FL 34698 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD RICHARD JOSEPH L 100 CLYDE LANE 109 DUNEDIN FL 34698 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK GANZEL PD 02/26/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)