

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720941

FILED
Apr 18, 2006
Secretary of State

Entity Name: DOUGLAS ARMS APARTMENT OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

New Principal Place of Business:

Current Mailing Address:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

New Mailing Address:

FEI Number: 59-1460969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REARDON, MAUREEN C.
4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: RICHARDS, JOE
Address: 10 CLYDE LANE #109
City-St-Zip: DUNEDIN, FL 34698

Title: SD () Delete
Name: HAAG, AUDRY
Address: 300 GLENNES LANE 209
City-St-Zip: DUNEDIN, FL 34698

Title: TD () Delete
Name: CASELLA, CONSTANCE
Address: 200 GLENNES LANE, SUITE 111
City-St-Zip: DUNEDIN, FL 34698

Title: PD () Delete
Name: GANZEL, JACK
Address: 100 GLENNES LANE 201
City-St-Zip: DUNEDIN, FL 34698

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: RICHARDS, JOE
Address: 100 CLYDE LANE #109
City-St-Zip: DUNEDIN, FL 34698

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: BURKHARDT, ALICE
Address: 300 GLENNES LANE #101
City-St-Zip: DUNEDIN, FL 34698

Title: D () Change (X) Addition
Name: TURNER, JIM
Address: 600 GLENNES LANE #213
City-St-Zip: DUNEDIN, FL 34698

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK GANZEL

PD

04/18/2006

Electronic Signature of Signing Officer or Director

Date