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FILED  
Jan 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 756964 (3)

1. Corporation Name

DOUGLAS ARMS CHEVIOT HILLS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2753 STATE RD 580  
207  
CLEARWATER FL 34621  
US

2753 STATE RD 580  
207  
CLEARWATER FL 34621-3345  
US

3. Date Incorporated or Qualified  
03/25/1981

3a. Date of Last Report  
01/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
59-2130880

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REARDON, MAUREEN C  
2753 STATE RD 580 # 207  
CLEARWATER FL 34621

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD  DELETE  
NAME HEYWOOD, EDWIN  
STREET ADDRESS 100 CLYDE LANE #110  
CITY - ST - ZIP DUNEDIN FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE TD  DELETE  
NAME ROBERTS, WILLIAM  
STREET ADDRESS 100 CLYDE LANE #108  
CITY - ST - ZIP DUNEDIN FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE PD  DELETE  
NAME WHITMORE, JOSEPH  
STREET ADDRESS 880 LOCH LINNHE LANE #119  
CITY - ST - ZIP DUNEDIN FL

3.1 TITLE  Change  Addition  
3.2 NAME P/D  
3.3 STREET ADDRESS MESMER, VERNON  
3.4 CITY - ST - ZIP 870 LOCH LINNHE LANE #125  
DUNEDIN FL 34698

TITLE VD  DELETE  
NAME VANNER, ROBERT C.  
STREET ADDRESS 100 CLYDE LANE #112  
CITY - ST - ZIP DUNEDIN FL

4.1 TITLE  Change  Addition  
4.2 NAME V/D  
4.3 STREET ADDRESS WILSON, HENRY C.  
4.4 CITY - ST - ZIP 860 LOCH LINNHE LANE #115  
DUNEDIN FL 34698

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  Change  Addition  
5.2 NAME D  
5.3 STREET ADDRESS DICKERSON, THELMA M.  
5.4 CITY - ST - ZIP 100 CLYDE LANE #111  
DUNEDIN FL 34698

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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:

*Vernon Mesmer* REQUIRED Vernon Mesmer 1/19/97 734-8053  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0067361

CR2E037 (9/96)