2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#756964

FILED Mar 22, 2005 Secretary of State

Entity Name: DOUGLAS ARMS CHEVIOT HILLS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685 **Current Mailing Address: New Mailing Address:** 4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685 US FEI Number: 59-2130880 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REARDON, MAUREEN C 4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VPD () Delete () Change () Addition CREAGER, BETTY Name: Name: 870 LOCH LINNHE LANE #120 Address: Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: Title: PD () Delete Title: () Change () Addition Name: RICAHRD, JOSEPH L Name: Address: 100 CLYDE LANE #109 Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: Title: () Delete Title: () Change () Addition EVANS, ALBERT JR Name: Name: 100 CLYDE LN #108 Address: Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: Title: TD () Delete Title: TD (X) Change () Addition Name: WILSON, HENRY C Name: BAHNICK, CAROLE Address: 860 LOCH LINNHE LANE #115 Address: 870 LOCH LINNHE LANE #121 City-St-Zip: DUNEDIN, FL 34698 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 Section 119.07(3)(i), 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: JOSEPH RICHARD PD 03/22/2005