

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 756964

FILED
Apr 15, 2003
Secretary of State

Entity Name: DOUGLAS ARMS CHEVIOT HILLS CONDOMINIUM 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: 59-2130880

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: VD () Delete
Name: CREAGER, BETTY
Address: 870 LOCH LINNHE LANE #120
City-St-Zip: DUNEDIN, FL 34698

Title: PD () Delete
Name: RICAHRD, JOSEPH L
Address: 100 CLYDE LANE #109
City-St-Zip: DUNEDIN, FL 34698

Title: SD () Delete
Name: EVANS, ALBERT JR
Address: 100 CLYDE LN #108
City-St-Zip: DUNEDIN, FL 34698

Title: TD () Delete
Name: WILSON, HENRY C
Address: 860 LOCH LINNHE LANE #115
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

04/15/2003

Electronic Signature of Signing Officer or Director

_____ Date