

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 2, 1995.
AMOUNT DUE ON OR BEFORE 6:00 PM: \$100 (IF DISSOLVED, MINIMUM ANNUAL FEE TO REINSTATE \$200)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 759184 (5)

1. Corporation Name

DOUGLAS PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

DOUGLAS PLACE #402-201
321 NE LAKEVIEW DR
SEBRING FL 33870
US

P. O. BOX 14748
NORTH PALM BEACH FL 33408

FILED

1995 JUL 13 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
07/15/1981	04/18/1994
4. FBI Number	Applied For
59-2265483	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	☐ FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes	☐ Yes ☒ No

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GASTER, GORDON D.
11370 TWELVE OAKS WAY #418
N PALM BCH FL 33408

81 Name

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

1640 TWELVE OAKS WAY #302

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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 617.0103, Florida Statutes.

SIGNATURE: *Gordon D. Gaster*

(NOTE: Registered Agent signature required when reinstating)

DATE

6/6/95

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GASTER, GORDON D.
STREET ADDRESS 11370 TWELVE OAKS WAY #418
CITY-ST-ZIP N PALM BCH FL

TITLE STD
NAME GASTER, JULIE A
STREET ADDRESS 4200 COMMUNITY DR #2107
CITY-ST-ZIP WEST PALM BEACH FL

TITLE D
NAME PALMER, ROBERT P
STREET ADDRESS 415 WEST MAIN ST
CITY-ST-ZIP AVON PARK FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1640 TWELVE OAKS WAY, #302
1.4 CITY-ST-ZIP NORTH PALM BEACH, FL 33408

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 215 NORTH WORTH COURT
2.4 CITY-ST-ZIP 33405

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GORDON D. GASTER, PRESIDENT

6/6/95 (407) 775-1322