

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 759184 (5)
1. Corporation Name
DOUGLAS PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**DOUGLAS PLACE #102
321 NE LAKEVIEW DR
SEBRING FL 33870
US**

Mailing Address
**P. O. BOX 14748
NORTH PALM BEACH FL 33408**

3. Date Incorporated or Qualified
07/15/1981

3a. Date of Last Report
07/13/1995

4. FEI Number
59-2265483

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**GASTER, GORDON D.
1640 TWELVE OAKS WAY, SUITE 302
N PALM BCH FL 33408**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 City
84 City
85 Zip Code
FL

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 resigning)

DATE

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	GASTER, GORDON D.	1640 TWELVE OAKS WAY, SUITE 302	N PALM BCH FL	☐
STD	GASTER, JULIE A	215 NORTH WORTH COURT	WEST PALM BEACH FL	☐
D	PALMER, ROBERT P	415 WEST MAIN ST	AVON PARK FL	☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
1.1	1.2	1.3	1.4	☐
2.1	2.2	2.3	2.4	☐
3.1	3.2	3.3	3.4	☐
4.1	4.2	4.3	4.4	☐
5.1	5.2	5.3	5.4	☐
6.1	6.2	6.3	6.4	☐

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 119.07(3)(k), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96
DATE

401-774-0303
DAYTIME PHONE #

CR2E037 (12/95)