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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-2265483	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip 24		Country 25		7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No	
Country 25		Zip 29		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No	
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	
				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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GASTER, GORDON D. 1640 TWELVE OAKS WAY, SUITE 302 N PALM BCH FL ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GASTER, JULIE A 215 NORTH WORTH COURT WEST PALM BCH FL ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	☒ Change ☐ Addition JULIE A. FISCHER
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PALMER, ROBERT P 415 WEST MAIN ST AVON PARK FL ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	☒ Change ☐ Addition LEAH L. GASTER 207 WALTON WEST PALM BEACH, FL 33405
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	☐ Change ☐ Addition

14. I 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:

[Signature] **REQUIRED**

1/30/98

CR2E037 (10/97)