

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

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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**



2. Principal Place of Business

21 DOUGLAS PLACE #201

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23

Zip Country

24

25

Zip Country

29

30

3. Date Incorporated or Qualified

07/15/1981

4. FEI Number

59-2265483

Applied For

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**

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]*
Signature, typed or printed name of registered agent and office applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/9/99**

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **GASTER, GORDON D.**
STREET ADDRESS **1640 TWELVE OAKS WAY, SUITE 302**
CITY-ST-ZIP **N PALM BCH FL**

TITLE **STD** ☐ DELETE
NAME **FISCHER, JULIE A**
STREET ADDRESS **215 NORTH WORTH COURT**
CITY-ST-ZIP **WEST PALM BCH FL**

TITLE **D** ☐ DELETE
NAME **GASTER, LEAH**
STREET ADDRESS **207 WALTON**
CITY-ST-ZIP **W PALM BEACH FL 3340**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

☐ 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, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)