2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State
01-13-2003 90707 016 ****61.25

DOCUMENT # 759184

1. Entity Name

DOUGLAS PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
DOUGLAS PLACE #201 321 NE LAKEVIEW DR SEBRING FL 33870 US	TERRY HARTIGH 6423 STONE RIVER RD BRADENTON FL 34203

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. 6505 BELLA VISTA #302
City & State	City & State ROCKFORD MI.
Zip / Country	Zip 49341 / Country USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2265483 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARTIGH, TERRY 6423 STONE RIVER RD BRADENTON FL 34203	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARTIGH, TERRY ~~6423 STONE RIVER RD~~ ~~BRADENTON FL 34203~~	☐ Delete	TERRY HARTIGH 6505 BELLA VISTA #302 ROCKFORD MI. 49341	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARTIGH, TERRY ~~6423 STONE RIVER RD~~ ~~BRADENTON FL 34203~~	☐ Delete	Terry Hartigh 6505 Bella Vista # 302 Rockford, MI 49341	☒ Change ☐ Addition
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CR2E037 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/9/03 (616)2913479
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Telephone Number