

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90010 044 ***150.00

DOCUMENT # F95000005533 (3)

1. Corporation Name

DD COMMUNITY CENTERS ONE, INC.

Principal Place of Business

34555 CHAGRIN BLVD.
MORELAND HILLS OH 44022

Main Address

34555 CHAGRIN BLVD.
MORELAND HILLS OH 44022

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1995

4. FEI Number

36-4041272

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

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

3300 Enterprise Pkwy

3300 Enterprise Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Beachwood, OH

City & State

Beachwood OH

Zip

Country

Zip

Country

44122

44122

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0502 and 607.1308, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | ALLGOOD, JOAN U | |
| STREET ADDRESS | 34555 CHAGRIN BLVD. | |
| CITY-ST-ZIP | MORELAND HILLS OH 44022 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | HENRY, LOREN | |
| STREET ADDRESS | 34555 CHAGRIN BLVD. | |
| CITY-ST-ZIP | MORELAND HILLS OH 44022 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | SCHAFER, WILLIAM H | |
| STREET ADDRESS | 34555 CHAGRIN BLVD. | |
| CITY-ST-ZIP | MORELAND HILLS OH 44022 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 3300 Enterprise Pkwy |
| 1.4 CITY-ST-ZIP | Beachwood OH 44122 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | ABOVE |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | ABOVE |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

Typed or printed name of signing officer or director

Date

Daytime Phone # 650-818

CR2E034 (10/97)

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Memo This document contains time-sensitive information. Please read immediately and respond as specified.

To Florida Dept. of State
From Erin Fair
Date/Time 7/1/99 at 10:11AM
Subject 1999 Annual Report

DD Community Centers One, Inc. Has relocated to the following address. The 1999 annual report form was not received. Per a representative of the Florida Dept. Of State, I am sending a copy of the 1998 annual report with corrected/updated information, along with a check for \$150.00.

3300 Enterprise Parkway

Beachwood, Ohio 44122

Please contact me at 216-755-5764 with any questions.

Thank . You.

Erin Fair