


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01428</b>	
1. Entity Name <b>ONE DOUGLAS PLACE ASSOCIATION, INC.</b>	

Principal Place of Business <b>112 W. CITRUS STREET ALTAMONTE SPRINGS, FL 32714</b>	Mailing Address <b>112 W. CITRUS STREET ALTAMONTE SPRINGS, FL 32714</b>
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01122006 No Chg-NP CR2EQ37 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2379155</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>ALPER, HARVEY M. 112 W. CITRUS STREET ALTAMONTE SPRINGS, FL 32714</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when restate) DATE \_\_\_\_\_

**Filing Fee is \$81.25  
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CANNAVINO, JOHN 105 WEST ORANGE STREET ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALPER, HARVEY M. 112 WEST CITRUS STREET ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RHODUS, ALAN 108 WEST CITRUS ST. ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/20/06-80054-013 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *John Cannavino* **PREP** *Jan 17, 2006* **407-869-7000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #