

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90189 015 *****61.25

DOCUMENT # N01428 1. Entity Name ONE DOUGLAS PLACE ASSOCIATION, INC.					
Principal Place of Business 112 W. CITRUS STREET ALTAMONTE SPRINGS, FL 32714			Mailing Address 112 W. CITRUS STREET ALTAMONTE SPRINGS, FL 32714		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2379155				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALPER, HARVEY M. 112 W. CITRUS STREET ALTAMONTE SPRINGS, FL 32714			7. Name and Address of New Registered Agent Name T. W. ACKERT Street Address (P.O. Box Number is Not Acceptable) 112 W. CITRUS STREET City ALTAMONTE SPRINGS FL Zip Code 32714		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 20%; text-align: center;"> 3/23/07 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DP CANNAVINO, JOHN 105 WEST ORANGE STREET ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALPER, HARVEY M. 112 WEST CITRUS STREET ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RHODUS, ALAN 108 WEST CITRUS ST. ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D T. W. ACKERT 112 WEST CITRUS STREET ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D G. MICHAEL MATTHEWS 112 WEST CITRUS STREET ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D T. W. ACKERT 112 WEST CITRUS STREET ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:		3/26/2007 <small>Date</small>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					