

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90135 025 ****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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01312008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-2379155

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ACKERT, T.W.
112 W. CITRUS STREET
ALTAMONTE SPRINGS, FL 32714

7. Name and Address of New Registered Agent

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

Filing Fee is \$61.25
Due by May 1, 2008

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

TITLE DP ☐ Delete
NAME CANNAVINO, JOHN
STREET ADDRESS 105 WEST ORANGE STREET
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE D ☒ Delete
NAME ACKERT, T.W.
STREET ADDRESS 112 WEST CITRUS STREET
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE D ☐ Delete
NAME RHODUS, ALAN
STREET ADDRESS 110 WEST CITRUS ST
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE D ☐ Delete
NAME MATTHEWS, MICHAEL G
STREET ADDRESS 112 W CITRUS ST
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Treasurer ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Assistant Treasurer ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Chamu, Steve
STREET ADDRESS 100 W. Citrus Street
CITY-ST-ZIP Altamonte Springs, Fla 32714

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

John Cannavino, Pres.

2/1/08

(407)869-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #