

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720941

**FILED**  
**Apr 28, 2014**  
**Secretary of State**  
**CC0845754925**

**Entity Name:** DOUGLAS ARMS APARTMENT OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685

**Current Mailing Address:**

4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 US

**FEI Number:** 59-1460969

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REARDON, MAUREEN C.  
4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PD  
Name WHEELER, ROBERT  
Address 4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title VP  
Name VILCHES, ELAINE  
Address 4151 WOODLANDS PARWAY  
City-State-Zip: PALM HARBOR FL 34685

Title SEC  
Name ALBERG, JANICE  
Address 4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title TREA  
Name CASELLA, CONSTANCE  
Address 4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title D  
Name WHEELER, ROBERT  
Address 4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title D  
Name VILCHES, ELAINE  
Address 4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title DIRECTOR  
Name TURNER, JIM  
Address 4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title DIRECTOR  
Name MCDONALD, JEANETTE  
Address 4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT WHEELER

**PRESIDENT**

**04/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name WALLACE, IVAN  
Address 4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title DIRECTOR  
Name GANZEL, JACK  
Address 4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title DIRECTOR  
Name CRAWFORD, HARRY  
Address 4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title DIRECTOR  
Name PETRUZZI, JO  
Address 4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685