#### 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 720941** 

Entity Name: DOUGLAS ARMS APARTMENT OWNERS ASSOCIATION, INC.

FILED
Apr 10, 2019
Secretary of State
0827831185CC

# **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 Title VP

Name WHITTEN, MARIE Name YORGENSEN, SUSAN

Address 4151 WOODLANDS PARKWAY Address 4151 WOODLANDS PARKWAY

City-State-Zip: PALM HARBOR FL 34685 City-State-Zip: PALM HARBOR FL 34685

Title SEC Title TREA

Name DAVIS, MARTI Name KIELICH, KIMBERLY

Address 4151 WOODLANDS PARKWAY Address 4151 WOODLANDS PARKWAY

City-State-Zip: PALM HARBOR FL 34685 City-State-Zip: PALM HARBOR FL 34685

Title D Title D

Name LAKE, DIANNE Name GOODRICH, BEVERLY

Address 4151 WOODLANDS PARKWAY Address 4151 WOODLANDS PARKWAY

City-State-Zip: PALM HARBOR FL 34685 City-State-Zip: PALM HARBOR FL 34685

Title DIRECTOR Title DIRECTOR

Name KIELICH, KIM Name PAULSEN, JOSEPH

Address 4151 WOODLANDS PARKWAY 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: MARIE WHITTEN PRESIDENT 04/10/2019

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name WALLACE, IVAN Name BARNES, LARRY

Address 4151 WOODLANDS PARKWAY Address 4151 WOODLANDS PARKWAY

City-State-Zip: PALM HARBOR FL 34685 City-State-Zip: PALM HARBOR FL 34685

Title DIRECTOR Title DIRECTOR

Name GANZEL, JACK Name WHEELER, EDITH

Address 4151 WOODLANDS PARKWAY Address 4151 WOODLANDS PARKWAY

City-State-Zip: PALM HARBOR FL 34685 City-State-Zip: PALM HARBOR FL 34685