

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720941

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

**FILED**  
**Mar 07, 2024**  
**Secretary of State**  
**9224416768CC**

**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            PRESIDENT  
Name            YORGENSEN, SUSAN  
Address        4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

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

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

Title            SECRETARY  
Name            FARR, NANCY  
Address        4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

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

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

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

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

**Continues on page 2**

*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:** SUSAN YORGENSEN

**PRESIDENT**

**03/07/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

Title DIRECTOR  
Name YORGENSEN, SUSAN  
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