

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720941

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

**FILED**  
**Mar 25, 2020**  
**Secretary of State**  
**7687154530CC**

**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 WHITTEN, MARIE  
Address 4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

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

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

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

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

Title D  
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 BARNES, LARRY  
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**

**03/25/2020**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

Title DIRECTOR  
Name WHEELER, EDITH  
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