FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 749450 (3)

1. Corporation Name
GREEN DOLPHIN PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O PREFERRED MGMT.INC. 1730 ALT. #19 S. STE. E TARPON SPRINGS FL 34689	C/O PREFERRED MGMT.INC. 1730 ALT. #19 S. STE. E TARPON SPRINGS FL 34689

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/23/1979
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-1939692 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 1730 Alt 19 S, Ste H	Suite, Apt. #, etc. 27 1730 Alt 19S, Ste H
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PREFERRED MANAGEMENT 1730 ALT. 19 S., SUITE E 223 S. PINELLAS DRIVE TARPON SPRINGS FL 34689	81 Name: Preferred Management 82 Street Address (P.O. Box Number is Not Acceptable): 1730 Alt 19 S, Suite H 83 84 City: Tarpon Springs FL 85 Zip Code: 34689

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: PETER PERHACH MANAGER 4-29-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	VARISCO, PHILLIP	1.2 NAME	
STREET ADDRESS	1250 S. PINELLAS AVENUE - 304	1.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	SD ☒ Change ☐ Addition
NAME	CLACK, GERALD	2.2 NAME	BIXEMAN, JOHN
STREET ADDRESS	1250 S. PENELLAS AVE. #214	2.3 STREET ADDRESS	1250 S. Pinellas Ave #317
CITY-ST-ZIP	TARPON SPRINGS FL	2.4 CITY-ST-ZIP	Tarpon Springs, FL 34689
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MAXFIELD, BOB	3.2 NAME	
STREET ADDRESS	1250 S. PINELLAS AVENUE #708	3.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS, FL 00000	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	MAILLIS, MARY DURAY	4.2 NAME	
STREET ADDRESS	1250 S PINELLAS AVENUE - 506	4.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	POTTS, STANLEY	5.2 NAME	
STREET ADDRESS	1250 S. PINEALLAS AVENUE - 205	5.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	HEAVEY, KAY	6.2 NAME	
STREET ADDRESS	1250 S. PENELLAS AVE. #714	6.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MANAGER 4-29-95 813-938-2403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000837D