FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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 SUITE H TARPON SPRINGS FL 34689 US	C/O PREFERRED MGMT.INC. 1730 ALT 19 S SUITE H TARPON SPRINGS FL 34689 US

3. Date Incorporated or Qualified: 10/23/1979
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 4800 Mile Stretch
22 Suite, Apt. #, etc.
23 City & State: Holiday FL
24 Zip: 34690
25 Country: Pasco

2a. Mailing Address
26 4800 Mile Stretch
27 Suite, Apt. #, etc.
28 City & State: Holiay FL
29 Zip: 34690
30 Country: Pasco

4. FEI Number: 59-1939692 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PREFERRED MANAGEMENT
1730 ALT 19 S SUITE H
223 S. PINELLAS DRIVE
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name: Frederick Reimer
82 Street Address (P.O. Box Number is Not Acceptable): 4800 Mile Streetch
83
84 City: Holiday **FL** 85 Zip Code: 34690

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Frederick Reimer — 4/12/96
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	☐ DELETE	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	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BIXEMAN, JOHN		2.2 NAME		
STREET ADDRESS	1250 S PINELLAS AVE 317		2.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	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	☐ DELETE	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	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	POTTS, STANLEY		5.2 NAME	Estelle McKeown	
STREET ADDRESS	1250 S. PINEALLAS AVENUE - 205		5.3 STREET ADDRESS	1250 S Pinellas Ave #808	
CITY-ST-ZIP	TARPON SPRINGS FL		5.4 CITY-ST-ZIP	Tarpon Springs FL 34689	
TITLE	D	☐ DELETE	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		

CR2E037 (12/95)

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)(k), 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: Philip J Varisco Jr — 4/8/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #