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Apr 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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
4800 MILE STRETCH HOLIDAY FL 34690 US	4800 MILE STRETCH HOLIDAY FL 34690-4358 US

3. Date Incorporated or Qualified: **10/23/1979**
3a. Date of Last Report: **04/19/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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

REIMER, FREDERICK
4800 MILE STRETCH
223 S. PINELLAS DRIVE
HOLIDAY FL 34690

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	D	XX Change ☐ Addition
NAME	MAXFIELD, BOB		3.2 NAME	Maurice Perault	
STREET ADDRESS	1250 S. PINELLAS AVENUE #708		3.3 STREET ADDRESS	1250 S Pinellas Ave #912	
CITY-ST-ZIP	TARPON SPRINGS, FL 00000		3.4 CITY-ST-ZIP	Tarpon Springs FL 34689	
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		☐ Change ☐ Addition
NAME	ESTELLE MCKEOWN		5.2 NAME		
STREET ADDRESS	1250 S PINELLAS AVE #808		5.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL		5.4 CITY-ST-ZIP		
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 (9/96)

14. I do hereby certify that the information supplied with this filing 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: SIGNATURE REQUIRED John R Bixeman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0069127