2000 UNIFORM BUSINESS REPORT (UBR)

Apr 22, 2000 8:00 am Secretary of State DOCUMENT # **749450** 1. Entity Name GREEN DOLPHIN PARK CONDOMINIUM ASSOCIATION, INC. 04-22-2000 90044 031 ****61.25 Principal Place of Business Mailing Address 210 S. PINELLAS AVE. 210 S. PINELLAS AVE. TARPON SPRINGS FL 34639-3656 TARPON SPRINGS FL 34689 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number - 1 59-1939692 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ** Street Address (P.O. Box Number is Not Acceptable) MAILLIS, MARY DURAY C/O CROWN REALTY 210 S. PINELLAS AVE. #170 City Zip Code TARPON SPRINGS FL 34689 8. 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. **X**Addition TITLE ☐ Delete TITLE NAME NAME Varisco, Phillip Helen Atwood STREET ADDRESS STREET ADDRESS 1725 GOLFVIEW DR. 1250 S Pinellas #6]2 CITY-ST-ZIP CITY-ST-ZIP Tarpon Springs FL 34689 Tarpon Springs, Fla. 34689 **X** Addition Change TITLE TITLE VD. ☐ Delete NAME ACAMBORA, LOU NAME Catherine Heavey STREET ADDRESS STREET ADDRESS 1250 S. PINELLAS #611 1250 S. Pinellas #714 CITY-ST-782 Tarpon-Springs, Fla. 34689 CITY-ST-ZIE TARPON SPRINGS FL 34689 TITLE SD Delete TITLE Michael Murray NAME NAME BULLOCK, RICHARD STREET ADDRESS STREET ADDRESS 1837 GOLFVIEW DR. 1250 S. Pinellas #609 CITY-ST-ZIP CITY-ST-ZIP Tarpon Springs, Fla. 34689 TARPON SPRINGS FL 34689 Change ☐ Addition TD ☐ Delete TITLE JELLUM, HUGH NAME NAME STREET ADDRESS STREET ADDRESS 1250 S. PINELLAS #501 CITY-ST-ZIP CITY-ST-ZIP TARPON SPRINGS FL 34689 TITLE ☐ Delete TITLE Change ☐ Addition NAME artuso, sam STREET ADDRESS STREET ADDRESS 1250 S. PINELLAS #801 CITY-ST-ZIP CITY-ST-ZIP tarpon springs fl 34689 TITLE ☐ Delete TITLE ☐ Addition NAME HEMMER, JOHN NAME STREET ADDRESS STREET ADDRESS 1250 S. PINELLAS #805 CITY-ST-ZIP CITY-ST-ZIP TARPON SPRINGS FL 34689 12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00

727-945-9021

Daytime Phone #

FILED