

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -8 AM 9:43

DOCUMENT # 766766 (0)
1. Corporation Name
GREEN DOLPHIN PARK MID-RISE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
552 MAIN ST 552 MAIN ST
SAFETY HARBOR FL 34695 SAFETY HARBOR FL 34695

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/31/1983	3a. Date of Last Report 06/24/1994
4. FEI Number 59-2280439	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	20 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent
**STEVEN H. MEZER, P.A.
1212 COURT STREET,
STE. B
CLEARWATER FL 34616**

10. Name and Address of New Registered Agent	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	TD
NAME	LORENZ, JAMES
STREET ADDRESS	1734 GOLFVIEW DR
CITY- ST- ZIP	TARPON SPRINGS FL
TITLE	PD
NAME	CROSS-KEEFE, DOROTHY
STREET ADDRESS	1845 GOLFVIEW DR
CITY- ST- ZIP	TARPON SPRINGS FL
TITLE	VD
NAME	SNYDER, THEODORE
STREET ADDRESS	1844 GOLFVIEW DR
CITY- ST- ZIP	TARPON SPRINGS FL
TITLE	SD
NAME	GARLAND, WILLIAM
STREET ADDRESS	1813 GOLFVIEW DRIVE
CITY- ST- ZIP	TARPON SPRINGS FL 34689
TITLE	D
NAME	REGER, RICHARD
STREET ADDRESS	1827 GOLFVIEW DR
CITY- ST- ZIP	TARPON SPRINGS FL 34689
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Al Robosan
5.3 STREET ADDRESS	1943 Golfview Dr.
5.4 CITY- ST- ZIP	Tarpon Springs, FL
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Daniel Stamos
6.3 STREET ADDRESS	1838 Golfview Dr.
6.4 CITY- ST- ZIP	Tarpon Springs, FL

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)(b), 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 authorized to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William S. Garland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date) (Type in 1 year)