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Mar 13 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 # 766766 (0)

1. Corporation Name  
GREEN DOLPHIN PARK MID-RISE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address  
552 MAIN ST SAFETY HARBOR FL 34695  
552 MAIN ST SAFETY HARBOR FL 34695-3549

3. Date Incorporated or Qualified 01/31/1983  
3a. Date of Last Report 01/31/1996  
4. FEI Number 59-2280439 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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEVEN H. MEZER, P.A.  
1212 COURT STREET,  
STE. B  
CLEARWATER FL 34616

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 (Principal Agent, registered office, or registered agent and Director, if applicable) (NEW) Registered Agent signature required when re-registering DATE

12. OFFICERS AND DIRECTORS  
12.1 TITLE PD  
12.2 NAME LORENZ, JAMES  
12.3 STREET ADDRESS 1734 GOLFVIEW DR  
12.4 CITY-STATE-ZIP TARPON SPRINGS FL  
12.5 TITLE TD  
12.6 NAME CROSS-KEEFE, DOROTHY  
12.7 STREET ADDRESS 1845 GOLFVIEW DR  
12.8 CITY-STATE-ZIP TARPON SPRINGS FL  
12.9 TITLE D  
12.10 NAME SNYDER, THEODORE  
12.11 STREET ADDRESS 1844 GOLFVIEW DR  
12.12 CITY-STATE-ZIP TARPON SPRINGS FL  
12.13 TITLE D  
12.14 NAME GARLAND, WILLIAM,  
12.15 STREET ADDRESS 1813 GOLFVIEW DRIVE  
12.16 CITY-STATE-ZIP TARPON SPRINGS FL  
12.17 TITLE VD  
12.18 NAME REGER, RICHARD  
12.19 STREET ADDRESS 1827 GOLFVIEW DR  
12.20 CITY-STATE-ZIP TARPON SPRINGS FL  
12.21 TITLE SD  
12.22 NAME WITHERS, DONALD  
12.23 STREET ADDRESS 1815 GOLFVIEW DR  
12.24 CITY-STATE-ZIP TARPON SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
13.1 TITLE PD Change  Addition   
13.2 NAME Gerald Clark  
13.3 STREET ADDRESS 1944 Golfview Drive  
13.4 CITY-STATE-ZIP Tarpon Springs, FL 34689  
13.5 TITLE VPD Change  Addition   
13.6 NAME Daniel Stamos  
13.7 STREET ADDRESS 1836 Golfview Drive  
13.8 CITY-STATE-ZIP Tarpon Springs, FL 34689  
13.9 TITLE aVP D Change  Addition   
13.10 NAME Al Robosan  
13.11 STREET ADDRESS 1943 Golfview Drive  
13.12 CITY-STATE-ZIP Tarpon Springs, FL 34689  
13.13 TITLE TD Change  Addition   
13.14 NAME Dick Reger  
13.15 STREET ADDRESS 1827 Golfview Drive  
13.16 CITY-STATE-ZIP Tarpon Springs, FL 34689  
13.17 TITLE SD Change  Addition   
13.18 NAME Jerry O'Sullivan  
13.19 STREET ADDRESS 1835 Golfview Drive  
13.20 CITY-STATE-ZIP Tarpon Springs, FL 34689  
13.21 TITLE Change  Addition   
13.22 NAME  
13.23 STREET ADDRESS  
13.24 CITY-STATE-ZIP

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: *Rick Reger* Dick Reger, Treasurer 3/6/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #) 0669242

CR2E037 (9/96)