

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 06 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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.



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

3. Date Incorporated or Qualified
01/31/1983

4. FEI Number
59-2280439

Applied For
 Not Applicable

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

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 Yes No

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 **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CLARK, GERALD | 1.2 NAME | |
| STREET ADDRESS | 1946 GOLFVIEW DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TARPON SPRGS FL | 1.4 CITY-ST-ZIP | |
| TITLE | VPD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STAMOS, DANIEL | 2.2 NAME | |
| STREET ADDRESS | 1836 GOLFVIEW DRIVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TARPON SPRGS FL | 2.4 CITY-ST-ZIP | |
| TITLE | VPD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBOSAN, AL | 3.2 NAME | |
| STREET ADDRESS | 1943 GOLFVIEW DRIVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TARPON SPRGS FL | 3.4 CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REGER, DICK | 4.2 NAME | |
| STREET ADDRESS | 1827 GOLFVIEW DRIVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | TARPON SPRGS FL | 4.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | O'SULLIVAN, JERRY | 5.2 NAME | |
| STREET ADDRESS | 1835 GOLFVIEW DRIVE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | TARPON SPRGS FL | 5.4 CITY-ST-ZIP | |
| TITLE | SD <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WITHERS, DONALD | 6.2 NAME | |
| STREET ADDRESS | 1845 GOLFVIEW DR | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | TARPON SPRINGS FL | 6.4 CITY-ST-ZIP | |

14. 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 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: *Sandra B. Mortham*

CR2E037 (10/97)