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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90173 020 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766766

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

Principal Place of Business 552 MAIN ST SAFETY HARBOR FL 34695	Mailing Address 552 MAIN ST SAFETY HARBOR FL 34695
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2. Principal Place of Business 21 HOLIDAY ISLESPROP.MGMT Suite, Apt. #, etc. #1 City & State 23 Largo, FL Zip 24 33771	2a. Mailing Address 26 7850 Ulmerton Road Suite, Apt. #, etc. City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 01/31/1983	4. FEI Number 59-2280439 Applied For Not Applicable	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
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLARK, GERALD	
STREET ADDRESS	1946 GOLFVIEW DRIVE	
CITY-ST-ZIP	TARPON SPRGS FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	STAMOS, DANIEL	
STREET ADDRESS	1836 GOLFVIEW DRIVE	
CITY-ST-ZIP	TARPON SPRGS FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ROBOSAN, AL	
STREET ADDRESS	1943 GOLFVIEW DRIVE	
CITY-ST-ZIP	TARPON SPRGS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	REGER, DICK	
STREET ADDRESS	1827 GOLFVIEW DRIVE	
CITY-ST-ZIP	TARPON SPRGS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	O'SULLIVAN, JERRY	
STREET ADDRESS	1835 GOLFVIEW DRIVE	
CITY-ST-ZIP	TARPON SPRGS FL	
TITLE		<input type="checkbox"/> DELETE
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SHEA, HAROLD
5.3 STREET ADDRESS	1947 Golfview Drive
5.4 CITY-ST-ZIP	Tarpon Springs, FL 34689
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *Steven H. Mezer, P.A.* **11/16/99** **727.530.4517**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)