
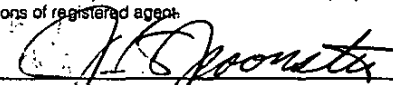
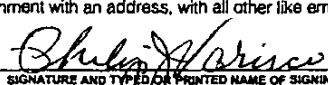


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90005 003 ****70.00

DOCUMENT # 766766			
1. Entity Name 9TH FAIRWAY CONDOMINIUM AT GREEN DOLPHIN PARK, INC.		Principal Place of Business 11350 66TH ST N, STE 124 LARGO, FL 33773	
Mailing Address 11350 66TH ST N, STE 124 LARGO, FL 33773		40025513	
2. Principal Place of Business COMMUNITY ACCOUNTING & MGMT Suite, Apt. #, etc. 40347 US 19 N, STE 129 City & State TARPO SPRINGS, FL Zip 34689 Country		3. Mailing Address 40347 US 19 NORTH Suite, Apt. #, etc. STE 129 City & State TARPO SPRINGS, FL Zip 34689 Country	
02082006 Chg-NP		CR2E037 (11/05)	
4. FEI Number 59-2280439		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HOLIDAY ISLES PROP. MGMT. 11350 66TH STREET N LARGO, FL 33773		7. Name and Address of New Registered Agent Name JANET R S POONSTER Street Address (P.O. Box Number is Not Acceptable) 90 COMMUNITY ACCOUNTING MANAGEMENT 40347 US 19 N, STE 129 City TARPO SPRINGS FL Zip Code 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.		DATE 3/3/2006 (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing. Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LA PLANT, MARY 1713 GOLFVIEW DRIVE TARPO SPRINGS, FL 34689 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VARISCO, PHILLIP 1726 GOLFVIEW DR TARPO SPRINGS, FL 34689 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ORR, LEWIS 1914 GOLFVIEW DR TARPO SPRINGS, FL 34689 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WHEELER, BRYAN 1832 GOLFVIEW DR TARPO SPRINGS, FL 34689 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FLEMING, ROBERT 1937 GOLFVIEW DRIVE TARPO SPRINGS, FL 34689 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS COOPER, JUDY 1718 GOLFVIEW DR TARPO SPRINGS, FL 34689 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VOSLER, DONALD 1827 GOLFVIEW DRIVE TARPO SPRINGS, FL 34689 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KNAPP, DENNIS 1734 GOLFVIEW DR TARPO SPRINGS, FL 34689 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEFAR, DAVID 1817 GOLFVIEW DR TARPO SPRINGS, FL 34689 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAMOS DAN 1836 GOLFVIEW DR TARPO SPRINGS, FL 34689 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date: 2/28/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	