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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N22359**

1. Corporation Name

GREEN DOLPHIN PARK GOLFVIEW HOMES CONDOMINIUM AS SOCIATION, INC.

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 210 S. PINELLAS AVE	26 210 S. PINELLAS AVE	09/04/1987
Suite, Apt. #, etc. 22 #170	Suite, Apt. #, etc. 27 #170	4. FEI Number 59-2994081 ☐ Applied For ☐ Not Applicable
City & State 23 TARPON SPRINGS, FL	City & State 28 TARPON SPRINGS, FL.	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 34689 Country 25 USA	Zip 29 34689 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MEZER, STEVEN H P.A.. 1212 COURT STR 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WRIGHT, GEORGE		1.2 NAME		
STREET ADDRESS	2002 GOLFVIEW DR		1.3 STREET ADDRESS	OK	
CITY-ST-ZIP	TARPON SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE	TD	☑ DELETE	2.1 TITLE	TD	☐ Change ☒ Addition
NAME	CONWAY, PATRICK		2.2 NAME	JANET CHADWICK	
STREET ADDRESS	2107 OAK CIRCLE		2.3 STREET ADDRESS	2004 Golfview Drive	
CITY-ST-ZIP	TARPON SPRINGS FL		2.4 CITY-ST-ZIP	TARPON SPRINGS, Fla 34689	
TITLE	SD	☑ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	BEDOCK, GLORIA		3.2 NAME	CAROLE HALL	
STREET ADDRESS	2008 GOLFVIEW DR		3.3 STREET ADDRESS	2021 Golfview Drive	
CITY-ST-ZIP	TARPON SPRINGS FL		3.4 CITY-ST-ZIP	TARPON SPRINGS, Fla 34689	
TITLE	D	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BEVERLY J WINDSOR		4. 2 NAME		
STREET ADDRESS	2104 OAK CIR		4.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRGS FL 34689		4.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PIETRO PISANI		5.2 NAME		
STREET ADDRESS	2101 OAK CIR		5.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRGS FL 34689		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: X Janet Chadwick SIGNATURE REQUIRED X 3/24/99 727-945-9021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #