2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
05-29-2002 90718 016 ****61.25

DOCUMENT # N22359

1. Entity Name

GREEN DOLPHIN PARK GOLFVIEW HOMES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
210 S. PINELLAS AVE SUITE #170 TARPON SPRINGS FL 34689 US	210 S. PINELLAS AVE SUITE #170 TARPON SPRINGS FL 34689 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1730 So. Pinellas Ave	1730 So. Pinellas Ave
Suite, Ant. #, etc.: SUITE L	Suite, Apt. #, etc.: SUITE L
City & State: Tarpon Springs,	City & State: Tarpon Springs, Fla
Zip: 34689 Country: Pinellas	Zip: 34689 Country: Pinellas

4. FEI Number: 59-2994081 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WHITE, WALTER R 210 S PINELLAS AVE #170 TARPON SPRINGS FL 34659	Name: Walter R. White Street Address (P.O. Box Number is Not Acceptable): 1730 So. Pinellas Ave SUITE L City: Tarpon 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WRIGHT, GEORGE 2002 GOLFVIEW DR TARPON SPRINGS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ TD JANET CHADWICK 2004 GOLFVIEW DR. TARPON SPRINGS, Fla 34689	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HALL, CAROLE 2021 GOLVIEW DRIVE TARPON SPRINGS FL 34689	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BARSTOW, RICHARD 2028 GOLFVIEW DR TARPON SPRINGS FL 34689	~~☐ Delete~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP. Richard Barstow 2028 Golfview Dr. Tarpon Springs, Fla 34689	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Lillian Martin 2108 Oak Circle Tarpon Springs, Fla 34689	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 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: X SIGNATURE REQUIRED 5-1-02 727-945-9021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #