2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 8:00 am Secretary of State

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DOCUMENT # N22359 1. Entity Name GREEN DOLPHIN PARK GOLFVIEW HOMES CONDOMINIUM ASSOCIATION, INC.							004 90396 045 3	****61.25
1730 S. PINELLAS AVE. 173 STE L STE		Mailing Address 1730 S. PINELLAS AVE. STE L TARPON SPRINGS, FL 34	1730 S. PINELLAS AVE.)			A
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04282004 (Chg-NP	CR2E037 (10/0	3)	
City & State		City & State			4. FEI Number 59-29940	81		Applied For Not Applicable
Zip	Country	Zip	Country	·	5. Certificate of S	Status Desired	\$8.75 Fee Requ	Additional -
	6. Name and Address of Current	Registered Agent	T		7. Name and Ad	Idress of New R	legistered Agent	
WHITE, WALTER R			L	Name Mary Duray-maillis				
STEL	NELLAS AVE		Street Address		P.O. Box Number is	Not Acceptable	1) Are St	<u>ا</u>
TARPON SPRINGS, FL 34689			Cityer	5 (0)	· · · · · · · · · · · · · · · · · · ·		EI Zin C	ede aC
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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 Multiple Aland Little Manual Models Signature, typed for printed name of regrightered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE								
I	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Agent sig	gnature required	when reinstating)		DATE	
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Camp Trust Fund Co	paign Financin		\$5.00 May Be Added to Fees	M	DATE lake check payablida Department of	
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12. I hereby certify that the information supplied with this filling 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7625/04/ Date

Daytime Phone #