2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N22359

1. Entity Name

NAME

TITLE

NAME

NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

BARSTOW, RICHARD

2028 GOLFVIEW DR

CHADWICK, JANET

MARTIN, LILLIAN

2108 OAK CIR.

2004 GOLFVIEW DR.

TARPON SPRINGS FL 34689

TARPON SPRINGS FL 34689

TARPON SPRINGS FL 34689

GREEN DOLPHIN PARK GOLFVIEW HOMES CONDOMINIUM AS SOCIATION, INC.



FILED Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90197 032 ****61.25

1730 S. PINELLAS AVE. 1730 STE L STE		Mailing Address 1730 S. PINELLAS AVE. STE L TARPON SPRINGS FL 34689 US						
2. Principal Place of Business 3.		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & Star	te	City & State		4. FEI Number 59-2994081			pplied For at Applicable	
Zip Country		Zip Country		-5. Certificate of Status Desired - \$8.76 - Additional Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
		. *	Name					
1730 S. I	NALTER R PINELLAS <u>a</u> ve.		Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
STE L Tarpon Springs FL 34689								
17.0.0	317100.112.01000		City	City FL Zip Code				
the obligat	e named entity submits this statement for to tions of registered agent. Signature, typed or pointed name of registered agent and FILE NOW: FEE IS \$61.25	Registered Office or regis	sired when reinstating) \$5.00 May Be Added to Fees	DATE Make Check Florida Departi	Payable ment of S	to State		
TITLE	PD STREETS AND BINE	Delete	TITLE V	W-1-11		Change		
NAME	WRIGHT, GEORGE	A Delete	NAME A	VD4 YaNTO	2 N	□ Change	Addition	
STREET ADDRESS	2002 GOLFVIEW DR		STREET ADDRESS	16 Golfui	ew DR.		3	
CITY-ST-ZIP	TARPON SPRINGS FL			ARPON SPRI		1689		
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	VP	☐ Delete	TITLE 🔁	, D		Change	☐ Addition	

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.

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

☐ Delete

Delete

☐ Delete

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Ken Bccke

CITY-ST-ZIP

×4.7-03

☐ Addition

☐ Addition

☐ Change