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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

207084 - 90173 - 20

DOCUMENT # 766766

1. Corporation Name
GREEN DOLPHIN PARK MID-RISE CONDOMINIUM ASSOCIAT ION, INC.

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

2. Principal Place of Business 21 HOLIDAY ISLESPROP.MGMT INC. 22 Suite, ~~Apt. #, etc.~~ #1 23 City & State: Largo, FL 24 Zip: 33771 25 Country: Pinellas	2a. Mailing Address 26 7850 Ulmerton Road 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country	3. Date Incorporated or Qualifed: 01/31/1983 4. FEI Number: 59-2280439 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

STEVEN H. MEZER, P.A.
1212 COURT STREET,
STE. B
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

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	CLARK, GERALD		1.2 NAME		
STREET ADDRESS	1946 GOLFVIEW DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRGS FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STAMOS, DANIEL		2.2 NAME		
STREET ADDRESS	1836 GOLFVIEW DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRGS FL		2. 4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROBOSAN, AL		3.2 NAME		
STREET ADDRESS	1943 GOLFVIEW DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRGS FL		3.4. CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	REGER, DICK		4. 2 NAME		
STREET ADDRESS	1827 GOLFVIEW DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRGS FL		4.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	O'SULLIVAN, JERRY		5.2 NAME	SHEA, HAROLD	
STREET ADDRESS	1835 GOLFVIEW DRIVE		5.3 STREET ADDRESS	1947 Golfview Drive	
CITY-ST-ZIP	TARPON SPRGS FL		5.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
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: Gerald R. Clark RECEIVED 1/16/99 727.530 4517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #