

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90079 032 ****61.25

0086567

DOCUMENT # 757625

1. Corporation Name

DON PEDRO ISLAND HOUSE CONDOMINIUM ASSOCIATION, INC.

478719 - 90079 - 32

Principal Place of Business

% 7050 PLACIDA ROAD
7025-A
ENGLEWOOD FL 34224
US

Mailing Address

% 7050 PLACIDA ROAD
7025-A
ENGLEWOOD FL 34224
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/17/1981

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2680025

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

29

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALKER, JR HAROLD H
118 S HOWARD AVENUE
7025-A PLACIDA ROAD
TAMPA FL 33606**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DS** ☐ DELETE
NAME **GREENE, G I**
STREET ADDRESS **1212 BOCA CIEGA ISLE DRIVE**
CITY-ST-ZIP **ST PETERSBURG BEACH FL 33706**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **DT** ☐ DELETE
NAME **GORDON, KAREN D**
STREET ADDRESS **7025 A PLACIDA ROAD**
CITY-ST-ZIP **ENGLEWOOD FL 34224**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **GORDON, JAMES**
STREET ADDRESS **7025 A PLACIDA ROAD**
CITY-ST-ZIP **ENGLEWOOD FL 34224**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **MIGLIANO, GILBERT**
STREET ADDRESS **7825 CAUSEWAY BLVD NORTH**
CITY-ST-ZIP **ST PETERSBURG FL 33707**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **DP** ☐ DELETE
NAME **WALKER, HAROLD**
STREET ADDRESS **118 S HOWARD AVENUE**
CITY-ST-ZIP **TAMPA FL 33606**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **WALKER, HAROLD**
STREET ADDRESS **118 S. HOWARD AVE.**
CITY-ST-ZIP **TAMPA FL 33606**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99 (94) 697-5848
Date Daytime Phone #

CR2E037 (1/98)