

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766766

1. Entity Name

GREEN DOLPHIN PARK MID-RISE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90040 033 \*\*\*\*61.25

Principal Place of Business Mailing Address  
7850 ULMERTON ROAD 7850 ULMERTON ROAD  
Suite 1 SUITE 1  
LARGO, FL 33771 LARGO, FL 33771

2. Principal Place of Business Suite, Apt. #, etc.  
3. Mailing Address Suite, Apt. #, etc.

City & State City & State  
Zip Country Zip Country

4. FEI Number 59-2280439 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

Steven H. Mezer, P.A.  
1212 Court Street, Suite B  
Clearwater, FL 33756

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_ (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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GERALD Clark	
STREET ADDRESS	1946 Golfview Drive	
CITY-ST-ZIP	Tarpon Springs FL 34689	
TITLE	VD	<input type="checkbox"/> Delete
NAME	Daniel Stamos	
STREET ADDRESS	1836 Golfview Drive	
CITY-ST-ZIP	Tarpon Springs FL 34689	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harold Shea	
STREET ADDRESS	1947 Golfview Drive	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lewis Orr	
STREET ADDRESS	1914 Golfview Drive	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Al Robosan	
STREET ADDRESS	1943 Golfview Drive	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Gerald Clark Gerald Clark

04/06/2000 727.530.4517

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)