2002 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 07, 2002 8:00 am Secretary of State **DOCUMENT # 766766** 1. Entity Name GREEN DOLPHIN PARK MID-RISE CONDOMINIUM ASSOCIAT 03-07-2002 90055 016 ****61.25 ION, INC. Principal Place of Business Mailing Address 7850 ULMERTON ROAD 7850 ULMERTON ROAD LARGO FL 33771 LARGO FL 33771 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2280439 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) STEVEN H. MEZER, P.A. 220 SOUTH FRANKLIN STREET **TAMPA FL 33602** Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ALMA DE RE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Change PD TITLE ☐ Delete TITLE CLARK, GERALD NAME NAME STREET ADDRESS 1946 GOLFVIEW DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TARPON SPRGS FL ☐ Addition ☐ Change **VPD** ☐ Delete TITLE TITLE STAMOS, DANIEL NAME NAME STREET ADDRESS 1836 GOLFVIEW DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TARPON SPRGS FL . Change Addition_ Delete --TITLE TITLE ROBOSAN, AL NAME NAME STREET ADDRESS STREET ADDRESS 1943 GOLFVIEW DRIVE CITY-ST-ZIP TARPON SPRGS FL CITY-ST-ZIP Change ☐ Addition TITLE TITLE Delete NAME REGER, DICK NAME Mykityshyn, Thomas STREET ADDRESS STREET ADDRESS 1827 GOLFVIEW DRIVE 1845 Golfview Drive CITY-ST-ZIP Tarpon Springs, FL 34689 Change CITY-ST-ZIP TARPON SPRGS FL ☐ Addition ☐ Delete TITLE TITLE SHEA, HAROLD NAME NAME STREET ADDRESS STREET ADDRESS 1947 GOLFVIEW DRIVE CITY-ST-ZIP CITY-ST-ZIP TARPON SPRGS FL 34689 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

2-8-02

Daytime Phone #