



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90461 046 ****61.25

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|---|---|--|---|--|--|
| DOCUMENT # 766766 | | | |  | |
| 1. Entity Name 9 th FAIRWAY CONDOMINIUM AT GREEN DOLPHIN PARK, INC. | | | | | |
| Principal Place of Business 9 th Fairway Condominium at Green Dolphin Park, Inc. 1700, 1800 & 1900 Golfview Dr. Tarpon Spring, FL 34689. | | | Mailing Address Holiday Isles Property Mgmt., Inc. 7850 Ulmerton Road, Ste. 1 Largo, FL 33771 | | |
| 2. Principal Place of Business | | 3. Mailing Address | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04192004 Chg-NP CR2E037 (10/03) | |
| City & State | | City & State | | 4. FEI Number 59-2280439 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| STEVEN H. MEZER, P.A. 220 SOUTH FRANKLIN STREET TAMPA, FL 33602 | | | 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CLARK, GERALD 1946 GOLFVIEW DRIVE TARPON SPRGS, FL | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP Mary La Plant 1713 Golfview Drive Tarpon Springs, FL 34689 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD STAMOS, DANIEL 1836 GOLFVIEW DRIVE TARPON SPRGS, FL | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV Harold Shea 1947 Golfview Drive Tarpon Springs, FL 34689 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS LAPLANT, MARY 1713 GOLFVIEW DR TARPON SPRINGS, FL 34689 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS Robert Fleming 1937 Golfview Drive Tarpon Springs, FL 34689 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ORR, LEWIS 1914 GOLFVIEW DR TARPON SPRINGS, FL 34689 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT Donald Vosler 1827 Golfview Drive Tarpon Springs, FL 34689 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT SHEA, HAROLD 1947 GOLFVIEW DR TARPON SPRINGS, FL 34689 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Daniel Stamos 1836 Golfview Drive Tarpon Springs, FL 34689 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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. | | | | | |
| SIGNATURE: <i>Mary La Plant</i> MARY LA PLANT | | | Date: 4-23-04 Daytime Phone #: 727 530 4517 | | |