2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 20, 2008 8:00 am Secretary of State

03-20-2008 90031 036 ****70.00 **DOCUMENT #766766** 9TH FAIRWAY CONDOMINIUM AT GREEN DOLPHIN PARK, INC. 50000439 Principal Place of Business Mailing Address **COMMUNITY ACCOUTING & MGMT COMMUNITY ACCOUTING & MGMT** 40347 US 19 N, STE 129 40347 US 19 N, STE 129 TARPON SPRINGS, FL 34689 TARPON SPRINGS, FL 34689 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01082008 Chg-NP CR2E037 (12/08) 4. FEI Number 59-2280439 City & State Applied For City & State Not Applicable Zlp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPOONSTER, JANET K C/O COMMUNITY ACCOUNTING MGMT. Street Address (P.O. Box Number is Not Acceptable) 40347 US 19 N, ST 129 TARPON SPRINGS, FL 34689 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Due by May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE ☐ Addition ☐ Change VARISCO, PHILLIP NAME NAME STREET ADDRESS 1726 GOLFVIEW DR STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS, FL 34689 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition WHEELER, BRYAN NAME NAME STREET ADDRESS 1832 GOLFVIEW DR STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS, FL 34689 CITY-ST-ZIP TITLE Delete TITLE ☐ Chance ☐ Addition COOPER, JUDY NAME NAME 1718 GOLFVIEW DR STREET ADDRESS STREET ADDRESS TARPON SPRINGS, FL 34689 CITY-ST-ZIP CITY-ST-ZIP DT TITLE TITLE □ Delete Change ☐ Addition NAME CORBIN, RUSS NAME STREET ADDRESS 1844 GOLFVIEW DR STREET ADDRESS TARPON SPRINGS, FL 34689 CITY-ST-ZIP CITY-ST-712 Delete TITLE TITLE ☐ Change Addition . BROWE, RIBERT 1250 & PINELES AVE 47.0 SEIFER, KATHY NAME NAME STREET ADDRESS 1817 GOLFVIEW DRIVE STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS, FL 34689 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 apdress, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:	NATURE:	SIGN	
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CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/08

Daytime Phone it