SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 757625 (9)

1. Corporation Name
DON PEDRO ISLAND HOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% 7050 PLACIDA ROAD ENGLEWOOD FL 34224	% 7050 PLACIDA ROAD ENGLEWOOD FL 34224

3. Date Incorporated or Qualified: 04/17/1981
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2680025 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc. 7025-A Placida Rd	27 Suite, Apt. #, etc. 7025-A Placida Rd
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

WHITEHEAD, C. SAMUEL
2210 S. TAMIAMI TR.
SUITE 6
VENICE FL 34293

10. Name and Address of New Registered Agent

81 Name: David P Cohen
82 Street Address (P.O. Box Number is Not Acceptable): PO Box 5141, Don Pedro Island
83: 7025-A Placida Road
84 City: Englewood **FL** 85 Zip Code: 34224

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: David Cohen David Cohen 6-24-96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUNCAN, DEARL C 5306 CORTEZ RD. W, STE. 1 BRADENTON FL 34210	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☒ Addition 05- 6.1 Greene 1212 Boca Ciega Isle Dr St. Petersburg Beach, FL 33706
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOOLEY, JAMES 17706 SHANNON OAKS PL TAMPA FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☒ Addition OAT Lori Greene 1212 Boca Ciega Isle Dr St. Pete Beach, FL 33706
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP WHITEHEAD, C. SAMUEL 2210 S. TAMIAMI TR, STE 6 VENICE FL 34293	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☒ Addition O Jorge Acosta 106 Edmonton Ln Brandon, FL 33511
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT COHEN, DAVID P 224 NINTH AVE N ST PETERSBURG FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition DP David P Cohen 7025-A Placida Rd Englewood FL 34224
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OT Cohen	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☒ Addition OT COHEN Candyce 7025-A Placida Rd Englewood FL 34224
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☒ Addition O Harold Walker 118 S. Howard Ave Tampa, FL 33606

CR2E037 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: David Cohen David Cohen 6-24-96 212-515-7518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014354