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Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 7025-A ENGLEWOOD FL 34224 US	% 7050 PLACIDA ROAD 7025-A ENGLEWOOD FL 34224 US

3. Date Incorporated or Qualified: **04/17/1981**
3a. Date of Last Report: **07/05/1996**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

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

9. **Name and Address of Current Registered Agent**

COHEN, DAVID P
P.O. BOX 5141, DON PEDRO ISLAND
7025-A PLACIDA ROAD
ENGLEWOOD FL 34224

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GREENE, G I		1.2 NAME		
STREET ADDRESS	1212 BOCA CIEGA ISLE DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG BEACH FL 33706		1.4 CITY-ST-ZIP		
TITLE	DAT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GREENE, LORI		2.2 NAME		
STREET ADDRESS	1212 BOCA CIEGA ISLE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETE BEACH FL 33706		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ACOSTA, JORGE		3.2 NAME		
STREET ADDRESS	106 EDMONTON LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	BRADON FL 33511		3.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	COHEN, DAVID P		4.2 NAME		
STREET ADDRESS	7025-A PLACIDA RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL 34224		4.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	COHEN, CARDICE		5.2 NAME		
STREET ADDRESS	7025-A PLACIDA RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL 34224		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WALKER, HAROLD		6.2 NAME		
STREET ADDRESS	118 S. HOWARD AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33606		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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 P Cohen 3-7-97 941 497-9343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0079633