

FILE NOW: FILING FEE IS \$61.25

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May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
4. FEI Number	59-2680025
Applied For	Not Applicable

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

5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	☒ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	☒ 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 HAROLD H WALKER JR
82 Street Address (P.O. Box Number is Not Acceptable)
83 118 S. HOWARD AVE
84 TAMPA FL 33606
85 Zip Code
FL

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 5/19/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	DS
NAME	GREENE, G I
STREET ADDRESS	1212 BOCA CIEGA ISLE DRIVE
CITY-ST-ZIP	ST PETERSBURG BEACH FL 33708
TITLE	DAT
NAME	GREENE, LORI
STREET ADDRESS	1212 BOCA CIEGA ISLE DR
CITY-ST-ZIP	ST PETE BEACH FL 33708
TITLE	D
NAME	ACOSTA, JORGE
STREET ADDRESS	106 EDMONTON LANE
CITY-ST-ZIP	BRADON FL 33511
TITLE	DP
NAME	COHEN, DAVID P
STREET ADDRESS	7025-A PLACIDA RD
CITY-ST-ZIP	ENGLEWOOD FL 34224
TITLE	DT
NAME	COHEN, CARDICE
STREET ADDRESS	7025-A PLACIDA RD
CITY-ST-ZIP	ENGLEWOOD FL 34224
TITLE	D
NAME	WALKER, HAROLD
STREET ADDRESS	118 S. HOWARD AVE.
CITY-ST-ZIP	TAMPA FL 33606

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	GORDON, JAMES
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	DT
2.2 NAME	GORDON, KAREN D
2.3 STREET ADDRESS	7025-A PLACIDA ROAD
2.4 CITY-ST-ZIP	ENGLEWOOD, FL 34224
3.1 TITLE	D
3.2 NAME	GORDON, JAMES
3.3 STREET ADDRESS	7025-A PLACIDA RD
3.4 CITY-ST-ZIP	ENGLEWOOD, FL 34224
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	D
5.2 NAME	Migliano, Gilbert
5.3 STREET ADDRESS	7825 CAUSEWAY BLVD W
5.4 CITY-ST-ZIP	St. Pete FL 33707
6.1 TITLE	DP
6.2 NAME	WALKER, HAROLD
6.3 STREET ADDRESS	118 S. HOWARD AVE
6.4 CITY-ST-ZIP	TAMPA FL 33606

14. 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 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: _____

CR2E037 (10/97)