

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757625

1. Entity Name

DON PEDRO ISLAND HOUSE CONDOMINIUM ASSOCIATION,

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90049 006 ****61.25

Principal Place of Business

Mailing Address

% 7050 PLACIDA ROAD
7025-A
ENGLEWOOD FL 34224
US

% 7050 PLACIDA ROAD
7025-A
ENGLEWOOD FL 34224
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2680025

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALKER, JR HAROLD H
118 S HOWARD AVENUE
7025-A PLACIDA ROAD
TAMPA FL 33606

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DS ☐ Delete
NAME GREENE, G I
STREET ADDRESS 1212 BOCA CIEGA ISLE DRIVE
CITY-ST-ZIP ST PETERSBURG BEACH FL 33706

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☐ Delete
NAME GORDON, KAREN D
STREET ADDRESS 7025 A PLACIDA ROAD
CITY-ST-ZIP ENGLEWOOD FL 34224

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GORDON, JAMES
STREET ADDRESS 7025 A PLACIDA ROAD
CITY-ST-ZIP ENGLEWOOD FL 34224

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MIGLIANO, GILBERT
STREET ADDRESS 7825 CAUSEWAY BLVD NORTH
CITY-ST-ZIP ST PETERSBURG FL 33707

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DP ☐ Delete
NAME WALKER, HAROLD
STREET ADDRESS 118 S HOWARD AVENUE
CITY-ST-ZIP TAMPA FL 33606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME WALKER, HAROLD
STREET ADDRESS 118 S. HOWARD AVE.
CITY-ST-ZIP TAMPA FL 33606

TITLE ☐ Change ☒ Addition
NAME James C. Dooley
STREET ADDRESS 2648 S.W. County Rd. 769
CITY-ST-ZIP Arcadia, FL 34266

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #