

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757625

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

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

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

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

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

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

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

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

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

TITLE  
NAME D  
STREET ADDRESS DOOLEY, JAMES C  
CITY-ST-ZIP 2648 SW COUNTY RD #769  
ARCADIA FL 34266 ☐ Delete

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

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:

KAREN D. GORDON

Date

Daytime Phone #

4/25/02 941 697 5848

008/337

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE

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