2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 08:00 AM
Secretary of State

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

07072004 No Chg-NP CR2E037 (10/03)

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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

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

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000166510
07/15/04-60011-016 61.25

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	GREENE, G I
STREET ADDRESS	1212 BOCA CIEGA ISLE DRIVE
CITY-ST-ZIP	ST PETERSBURG BEACH, FL 33706
TITLE	DT
NAME	GORDON, KAREN D
STREET ADDRESS	7025 A PLACIDA ROAD
CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	D
NAME	GORDON, JAMES
STREET ADDRESS	7025 A PLACIDA ROAD
CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	D
NAME	MIGLIANO, GILBERT
STREET ADDRESS	7825 CAUSEWAY BLVD NORTH
CITY-ST-ZIP	ST PETERSBURG, FL 33707
TITLE	DP
NAME	WALKER, HAROLD
STREET ADDRESS	118 S HOWARD AVENUE
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	D
NAME	DOOLEY, JAMES C
STREET ADDRESS	2648 SW COUNTY RD #769
CITY-ST-ZIP	ARCADIA, FL 34266

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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 KAREN D. GORDON 7/13/04 941 697-5848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #