

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # 757625 1. Entity Name DON PEDRO ISLAND HOUSE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business % 7050 PLACIDA ROAD 7025-A ENGLEWOOD, FL 34224 US	Mailing Address % 7050 PLACIDA ROAD 7025-A ENGLEWOOD, FL 34224 US
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DO NOT WRITE IN THIS SPACE



03042008 No Chg-NP CR2E037 (4/06)

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000871803 04/10/08-80011-017 61.25
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10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 3/25/08 941 699-5848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #