FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 713189 (9)

1. Corporation Name
DOLPHIN APARTMENTS ASSOCIATION OF CLEARWATER, IN C.

Principal Place of Business	Mailing Address
210 DOLPHIN POINT CLEARWATER FL 34630	210 DOLPHIN POINT ~~SUITE A~~ CLEARWATER FL 34630-2106 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/14/1967
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1955398 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

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

9. Name and Address of Current Registered Agent

BAZLER, KAY
210 DOLPHIN POINT
SUITE A
CLEARWATER FL 34630

10. Name and Address of New Registered Agent

31 Name: SEIBERT, TOM
32 Street Address (P.O. Box Number is Not Acceptable): 210 DOLPHIN POINT
33 SUITE D
34 City: CLEARWATER FL 35 Zip Code: 34630-2106

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☑ Change ☐ Addition
NAME	NICHOLS ELSE M.	12 NAME		
STREET ADDRESS	210-A DOLPHIN PT.	13 STREET ADDRESS		
CITY ST ZIP	CLEARWATER, FL 00000	14 CITY ST ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	ATKINS, LOUISE	22 NAME		
STREET ADDRESS	210-C DOLPHIN PT.	23 STREET ADDRESS		
CITY ST ZIP	CLEARWATER, FL 00000	24 CITY ST ZIP		
TITLE	STD	31 TITLE		☐ Change ☐ Addition
NAME	BAZLER, KAY	32 NAME		
STREET ADDRESS	210-A DOLPHIN PT.	33 STREET ADDRESS		
CITY ST ZIP	CLEARWATER, FL 00000	34 CITY ST ZIP		
TITLE	D	41 TITLE	SD	☐ Change ☑ Addition
NAME	CURRY, MILES I	42 NAME	SEIBERT, THOMAS G.	
STREET ADDRESS	210-B DOLPHIN PT.	43 STREET ADDRESS	210-D DOLPHIN POINT	
CITY ST ZIP	CLEARWATER FL	44 CITY ST ZIP	CLEARWATER, FL 34630-2106	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	MOORE, LINDA	52 NAME		
STREET ADDRESS	205 CRESTWOOD LANE	53 STREET ADDRESS		
CITY ST ZIP	LARGO FL	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 4/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
THOMAS G SEIBERT - Sec.

0086747