

FILE NOW: FILING FEE IS \$61.25

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May 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 713189 (9)
1. Corporation Name
DOLPHIN APARTMENTS ASSOCIATION OF CLEARWATER, INC.



Principal Place of Business: 210 DOLPHIN POINT CLEARWATER FL 33767
Mailing Address: 210 DOLPHIN POINT CLEARWATER FL 33767 US

3. Date Incorporated or Qualified: 08/14/1967
4. FEI Number: 59-1955398
Applied For: Not Applicable

2. Principal Place of Business: 21 Suite B, City & State, Zip 33767-2106
2a. Mailing Address: 21 Suite B, City & State, Zip 33767-2106

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. Is this nonprofit corporation a homeowners association? No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. No

9. Name and Address of Current Registered Agent: CURRY, MILES, 210 DOLPHIN POINT RD APT. B, CLEARWATER FL 33767

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code FL 33767-2106

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE: SD	NAME: CURRY IV, J. MILES
STREET ADDRESS: 210 B DOLPHIN PT	CITY-ST-ZIP: CLEARWATER, FL 33767
TITLE: DP	NAME: ATKINSON, LOUISE
STREET ADDRESS: 210-C DOLPHIN PT.	CITY-ST-ZIP: CLEARWATER, FL 33767
TITLE: TD	NAME: BAZLER, KAY
STREET ADDRESS: 210-A DOLPHIN PT.	CITY-ST-ZIP: CLEARWATER, FL 33767
TITLE: VPD	NAME: SEIBERT, THOMAS G.
STREET ADDRESS: 210 D DOLPHIN PT	CITY-ST-ZIP: CLEARWATER FL
TITLE: [] DELETE	NAME: []
TITLE: [] DELETE	NAME: []

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	[X] Change [] Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	33767-2106
2.1 TITLE	[X] Change [] Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	33767-2106
3.1 TITLE	[X] Change [] Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	33767-2106
4.1 TITLE	[X] Change [] Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	33767-2106
5.1 TITLE	[X] Change [] Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	3/05/06
6.1 TITLE	[] Change [] Addition
6.2 NAME	400002537554
6.3 STREET ADDRESS	-05/27/98--01097--035
6.4 CITY-ST-ZIP	***61.25

14. 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 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: *K. Bazler* KAY BAZLER, THOMAS G. SEIBERT
813 442-2262
28 Apr 1998

CFR2037 (10/97)