

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 747684 (9)

1. Corporation Name
DOLPHIN POINT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**25 CAUSEWAY BLVD.
P O BOX 899
CLEARWATER BCH. FL 34630
US**

Mailing Address
**P. O. BOX 3025
CLEARWATER BCH. FL 34630
US**

3. Date Incorporated or Qualified **06/15/1979** 3a. Date of Last Report **01/20/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 25 Causeway Blvd.		26		59-1968746		Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22 P. O. Box 3025		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23 Clearwater Bch, Florida		28					
Zip	Country	Zip	Country				
24 34630	25 Pinellas	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
POLLUCK, CHARLES 25 CAUSEWAY BLVD. STE. 32 CLEARWATER FL 34630				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1501, 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 617.0501, Florida Statutes.

SIGNATURE *[Signature]* DATE **1/25/96**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POLLICK, CHARLES J			1.2 NAME			
STREET ADDRESS	1173 N E CLEVELAND ST & Director			1.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL 0			1.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LENZ, MARGARET			2.2 NAME	VP Tom Danduono		
STREET ADDRESS	1173 N.E. CLEVELAND STREET			2.3 STREET ADDRESS	205 Dolphin Point Road & DIRECTOR		
CITY-ST-ZIP	CLEARWATER FL			2.4 CITY-ST-ZIP	Clearwater, FL 34630		
TITLE	STD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LENZ, JOHN			3.2 NAME	Sec/Treas. Julie White		
STREET ADDRESS	1173 N E CLEVELAND ST			3.3 STREET ADDRESS	400 Larboard Way #101 & DIRECTOR		
CITY-ST-ZIP	CLEARWATER FL			3.4 CITY-ST-ZIP	Clearwater Beach, FL 34630		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME	000001727580		
STREET ADDRESS				5.3 STREET ADDRESS	-02/29/96--01017--011		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	***61.25		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME	> 2 228		
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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)(k), 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: *[Signature]* DATE **1-25-96** DAYTIME PHONE # **813-446-6723**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Charles J. Pollick, President