

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

Mailing Address

25 CAUSEWAY BLVD.
P O BOX 899
CLEARWATER BCH. FL 34630
US

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

21 25 Causeway Blvd.

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P. O. Box 3025

Suite, Apt. #, etc.

27 City & State

City & State

23 Clearwater Bch, Florida

City & State

28

Zip

24 34630

Country

25 Pinellas

Zip

29

Country

30

4. FEI Number

59-1968746

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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

FL

85 Zip Code

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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/25/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME POLLUCK, CHARLES J
STREET ADDRESS 1173 N E CLEVELAND ST & Director
CITY-ST-ZIP CLEARWATER, FL 0

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD ☒ DELETE
NAME LENZ, MARGARET
STREET ADDRESS 1173 N.E. CLEVELAND STREET
CITY-ST-ZIP CLEARWATER FL

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME VP
2.3 STREET ADDRESS Tom Danduono
2.4 CITY-ST-ZIP 205 Dolphin Point Road & DIRECTOR
Clearwater, FL 34630

TITLE STD ☒ DELETE
NAME LENZ, JOHN
STREET ADDRESS 1173 N E CLEVELAND ST
CITY-ST-ZIP CLEARWATER FL

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Sec/Treas.
3.3 STREET ADDRESS Julie White
3.4 CITY-ST-ZIP 400 Larboard Way #101 & DIRECTOR
Clearwater Beach, FL 34630

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Charles J. Pollick, President

1-25-96

Date

813-446-6723

Daytime Phone