

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90015 004 ****61.25



NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 747684

1. Corporation Name
DOLPHIN POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
 25 CAUSEWAY BLVD.
 P O BOX 3025
 CLEARWATER BCH. FL 33767
 US

Mailing Address
 P. O. BOX 3025
 CLEARWATER BCH. FL 33767
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/15/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1968746	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/>	
24		29		<input type="checkbox"/> \$8.75-Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		6. Election Campaign Financing Trust Fund Contribution	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
POLLOCK, 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

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POLLOCK, CHARLES J			1.2 NAME	POLLOCK, CHARLES J.		
STREET ADDRESS	1173 N E CLEVELAND ST			1.3 STREET ADDRESS	414 Belle Isle Belkair Beach, Fla.		
CITY-ST-ZIP	CLEARWATER, FL 0			1.4 CITY-ST-ZIP	33786		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DANDUONO, TOM			2.2 NAME	John Leng		
STREET ADDRESS	205 DOLPHIN POINT RD.			2.3 STREET ADDRESS	205 Dolphin Point Rd.		
CITY-ST-ZIP	CLEARWATER FL 34630			2.4 CITY-ST-ZIP	Clearwater, Fla. 33730		
TITLE	STD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	Richard Grantley Unit #1	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITE, JULIE			3.2 NAME			
STREET ADDRESS	400 LARBOARD WAY #101			3.3 STREET ADDRESS	205 DOLPHIN POINT RD.		
CITY-ST-ZIP	CLEARWATER BEACH FL 34630			3.4 CITY-ST-ZIP	CLEARWATER, FLA. 33730		
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			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: CHARLES J. POLLOCK 6-30-99 727-446-6723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)