

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 # N43743 (6)

1. Corporation Name

THE ANTIQUA AT DOLPHIN CAY OWNER'S ASSOCIATION,  
INC.



Principal Place of Business

Mailing Address

C/O WILLIAM NEWTON  
5901 SUN BLVD., SUITE 203  
ST. PETERSBURG FL 33715

C/O WILLIAM NEWTON  
5901 SUN BLVD., SUITE 203  
ST. PETERSBURG FL 33715

3. Date Incorporated or Qualified

06/06/1991

3a. Date of Last Report

04/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3127597

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

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

NEWTON, WILLIAM  
5901 SUN BLVD  
STE. 203  
ST PETERSBURG FL 33715

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 617.1508, 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

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 ☐ DELETE

NAME CAPALBO, ANTHONY  
STREET ADDRESS 5901 SUN BLVD., #203  
CITY-ST-ZIP ST PETERSBURG FL

11 TITLE ☐ Change ☐ Addition

12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE VD ☐ DELETE

NAME MELBY, ROBERT  
STREET ADDRESS 5901 SUN BLVD., STE 203  
CITY-ST-ZIP ST PETERSBURG FL

21 TITLE ☐ Change ☐ Addition

22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE SD ☒ DELETE

NAME ~~CARLSON, ALLAN~~  
STREET ADDRESS 5901 SUN BLVD., #203  
CITY-ST-ZIP ST PETERSBURG FL

31 TITLE ☒ Change ☐ Addition

32 NAME LARRY MARINOZZI  
33 STREET ADDRESS 5901 SUN BLVD., #203  
34 CITY-ST-ZIP ST PETERSBURG, FL 33715

TITLE T ☐ DELETE

NAME LEONE II, PETER  
STREET ADDRESS 5901 SUN BLVD., STE 203  
CITY-ST-ZIP ST PETERSBURG FL

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME STICKLEY, WILLIAM  
STREET ADDRESS 5901 SUN BLVD., STE 203  
CITY-ST-ZIP ST PETERSBURG FL

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
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)(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

Date

Daytime Phone

813-866-3115

CR2E037 (12/95)