

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91601 018 \*\*\*\*61.25

**DOCUMENT # N43743**

1. Entity Name

**THE ANTIQUA AT DOLPHIN CAY OWNER'S ASSOCIATION,**

Principal Place of Business

RAMPART PROPERTIES  
 10033 9TH ST N 2ND FLOOR  
 SAINT PETERSBURG FL 33716

Mailing Address

RAMPART PROPERTIES  
 10033 9TH ST N 2ND FLOOR  
 SAINT PETERSBURG FL 33716



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**4717 DOLPHIN CAY LANE S.**

3. Mailing Address

**4779 DOLPHIN CAY LANE S.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ST. PETERSBURG, FL**

City & State

**ST. PETERSBURG, FL**

4. FEI Number

**59-3127597**

Applied For

Not Applicable

Zip

**33711**

Country

**US**

Zip

**33711**

Country

**US**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SMITH, BRIAN K**  
**10033 9TH ST N**  
**2ND FLOOR**  
**SAINT PETERSBURG FL 33716**

7. Name and Address of New Registered Agent

Name **CONDOMINIUM ASSOCIATES**  
 Street Address (P.O. Box Number is Not Acceptable) **3001 EXECUTIVE DRIVE**  
**SUITE 260**  
 City **CLEARWATER** FL Zip Code **33762**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *By Brian K. Caldwell, VICE PRESIDENT*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**5-16-01**

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CAPALBO, ANTHONY</b>	
STREET ADDRESS	<b>4779 DOLPHIN CAY LANE S</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33711</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MELBY, ROBERT</b>	
STREET ADDRESS	<b>4779 DOLPHIN CAY LANE S</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33711</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARINOZZI, LARRY</b>	
STREET ADDRESS	<b>4779 DOLPHIN CAY LANE S</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33711</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LEONE II, PETER</b>	
STREET ADDRESS	<b>4779 DOLPHIN CAY LANE S</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33711</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>STICKLEY, WILLIAM</b>	
STREET ADDRESS	<b>4779 DOLPHIN CAY LANE S</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33711</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>S/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAPALBO, ANTHONY</b>	
STREET ADDRESS	<b>4717 DOLPHIN CAY LANE S, # 606</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33711</b>	
TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MELBY, ROBERT</b>	
STREET ADDRESS	<b>4717 DOLPHIN CAY LANE S, # 408</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33711</b>	
TITLE	<b>T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARINOZZI, LARRY</b>	
STREET ADDRESS	<b>4717 DOLPHIN CAY LANE S, # 206</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33711</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CARLSON ALLAN</b>	
STREET ADDRESS	<b>4717 DOLPHIN CAY LANE S, # 509</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33711</b>	
TITLE	<b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STICKLEY, WILLIAM</b>	
STREET ADDRESS	<b>4717 DOLPHIN CAY LANE S, # 603</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33711</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *ANTHONY CAPALBO* **ANTHONY CAPALBO** **5-16-01** **787-864-1900**

CR2E037 (10/00)