


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90061 028 ****61.25

DOCUMENT # N43743

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



Principal Place of Business
 4717 DOLPHIN CAY LANE S.
 SAINT PETERSBURG, FL 33711

Mailing Address
 4779 DOLPHIN CAY LANE S.
 SAINT PETERSBURG, FL 33711

2. Principal Place of Business - No P.O. Box #
 3001 Executive Dr
 Suite, Apt. #, etc. Suite 260

3. Mailing Address
 3001 Executive Dr.
 Suite, Apt. #, etc. Suite 260

City & State
 Clearwater, FL

Zip Country
 33762 Pinellas

Zip Country
 33762 Pinellas

03282008 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-3127597

5. Certificate of Status Desired \$8.75 Additional Fee Required

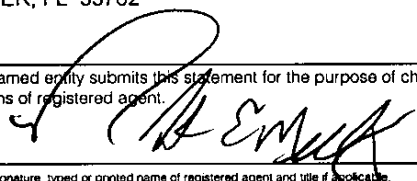
6. Name and Address of Current Registered Agent

CONDOMINIUM ASSOCIATES
 3001 EXECUTIVE DRIVE
 SUITE 260
 CLEARWATER, FL 33762

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE

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

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	ROBERT, BABCOCK	
STREET ADDRESS	4717 DOLPHIN CAY LANE S, #202	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33711	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MELBY, ROBERT	
STREET ADDRESS	4717 DOLPHIN CAY LANE S, #408	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33711	
TITLE	D	<input type="checkbox"/> Delete
NAME	FINZER, CHARLES	
STREET ADDRESS	4717 DOLPHIN CAY LANE S, #507	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33711	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CORTY, SUSANNE	
STREET ADDRESS	4717 DOLPHIN CAY LANE S, #504	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33711	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STICKLEY, WILLIAM	
STREET ADDRESS	4717 DOLPHIN CAY LANE S, #603	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33711	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 exemptions contained in Chapter 119, 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: _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR