

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 7 11 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N47891 (9)**

1. Corporation Name  
**THE BERMUDA AT DOLPHIN CAY OWNER'S ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
5300 DOLPHIN CAY LANE, S  
2600 NINTH STREET NORTH, SUITE 300  
ST. PETERSBURG FL 33711  
US

3. Date Incorporated or Qualified **03/17/1992** 3a. Date of Last Report **04/27/1994**  
4. FEI Number **59-3185518** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 **C/O Condominium Ass.** 26 **300 31st St. N.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **300 31st St. N. Ste 125** 27 **Suite 125**  
City & State City & State  
23 **St. Petersburg** 28 **St. Petersburg, FL**  
Zip County Zip County  
24 **33713** 25 **Pinellas** 29 **33713** 30 **Pinellas**

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**CHEEZEM, J. MICHAEL**  
**2201 4TH STREET, N**  
**SUITE 200**  
**ST. PETERSBURG FL 33704**

10. Name and Address of New Registered Agent  
81 Name **JUDY CAMPBELL**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**C/O Condominium Associates, Inc.**  
**300 31st Street N, Ste. 125**  
83 City **St. Petersburg** 84 **FL** 85 Zip Code **33713**

11. Pursuant to the provisions of Sections 607.0202 and 607.1508, 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 of registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* *[Signature]* **4/14/95**  
(NOTE: Registered Agent signature required after re-appointment) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>
NAME	<b>CHAPIN, LLOYD</b>
STREET ADDRESS	<b>4737 DOLPHIN CAY LANE, S, 207</b>
CITY, ST, ZIP	<b>ST. PETERSBURG FL</b>
TITLE	<b>DS</b>
NAME	<b>LYON, RICHARD</b>
STREET ADDRESS	<b>4737 DOLPHIN CAY LANE, S. #307</b>
CITY, ST, ZIP	<b>ST. PETERSBURG FL</b>
TITLE	<b>DT</b>
NAME	<b>POHLIG, HARRY</b>
STREET ADDRESS	<b>4737 DOLPHIN CAY LANE, S, 302</b>
CITY, ST, ZIP	<b>ST. PETERSBURG FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>POHLIG, HARRY</b>
13 STREET ADDRESS	<b>4737 DOLPHIN CAY LANE, S., 302</b>
14 CITY, ST, ZIP	<b>ST PETERSBURG, FL</b>
21 TITLE	<b>P D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>LYON, RICHARD</b>
23 STREET ADDRESS	<b>4737 DOLPHIN CAY LANE, S.#307</b>
24 CITY, ST, ZIP	<b>ST PETERSBURG, FL</b>
31 TITLE	<b>SEC. D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>SAMPSON, CYNTHIA</b>
33 STREET ADDRESS	<b>4737 DOLPHIN CAY LANE, S. #206</b>
34 CITY, ST, ZIP	<b>ST PETERSBURG, FL</b>
41 TITLE	<b>TREAS. D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>CARTER, LARRY</b>
43 STREET ADDRESS	<b>4737 DOLPHIN CAY LANE S., #403</b>
44 CITY, ST, ZIP	<b>ST PETERSBURG, FL</b>
51 TITLE	<b>DIR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>QUIMBY, RAY</b>
53 STREET ADDRESS	<b>4737 DOLPHIN CAY LANE S., #503</b>
54 CITY, ST, ZIP	<b>ST PETERSBURG, FL</b>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), Florida Statutes. I further certify that the information is correct in this annual report or supplemental annual report in full 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 in an attachment with an address.

SIGNATURE: *[Signature]* *[Signature]* **4/14/95** (813)327-9352  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name)