

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N47891**

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

Principal Place of Business
**C/O NEWTON, WILLIAM
5901 SUN BLVD. SUITE 203
ST. PETERSBURG, FL 33715**

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

3. Date Incorporated or Qualified
3a. Date of Last Report

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		59-0715528	Not Applicable
22	City & State	City & State	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	Country	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
NEWTON, WILLIAM 5901 SUN BLVD. SUITE 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]* DATE *[Date]*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD LYON	1.2 NAME	<i>[Signature]</i>
STREET ADDRESS	5901 SUN BLVD. # 203	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33715	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRY POHLING	2.2 NAME	
STREET ADDRESS	5901 SUN BLVD. # 203	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33715	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CYNTHIA SAMPSON	3.2 NAME	
STREET ADDRESS	5901 SUN BLVD. # 203	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33715	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY CARTER	4.2 NAME	
STREET ADDRESS	5901 SUN BLVD. # 203	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33715	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY QUIMBY	5.2 NAME	
STREET ADDRESS	5901 SUN BLVD. # 203	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33715	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		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 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]* DATE: *[Date]* Daytime Phone #: *[Phone Number]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD LYON PRESIDENT

CR2E037 (12/95)

5-1-96 OK