

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N47891 (9)

1. Corporation Name
THE BERMUDA 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 US

3. Date Incorporated or Qualified 03/17/1992 3a. Date of Last Report 05/01/1996
4. FEI Number 59-0715528 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
NEWTON, WILLIAM
5901 SUN BLVD.
SUITE 203
ST PETERSBURG FL 33715

10. Name and Address of New Registered Agent
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.	
TITLE	VD POHLIG, HARRY [X] DELETE	1.1 TITLE	PD Cynthia Sampson
NAME	5901 SUN BLVD. #203	1.2 NAME	5901 Sun Blvd. #203
STREET ADDRESS	ST. PETERSBURG FL 33715	1.3 STREET ADDRESS	St. Petersburg, Fl 33715
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD LYON, RICHARD [X] DELETE	2.1 TITLE	VD Vern Fox
NAME	5901 SUN BLVD. #203	2.2 NAME	5901 Sun Blvd. #203
STREET ADDRESS	ST. PETERSBURG FL 33715	2.3 STREET ADDRESS	St. Petersburg, Fl 33715
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD SAMPSON, CYNTHIA [X] DELETE	3.1 TITLE	DS Ray Quimby
NAME	5901 SUN BLVD. #203	3.2 NAME	5901 Sun Blvd. #203
STREET ADDRESS	ST. PETERSBURG FL 33715	3.3 STREET ADDRESS	St. Petersburg, FL 33715
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T CARTER, LARRY [] DELETE	4.1 TITLE	T Larry Carter
NAME	5901 SUN BLVD. #203	4.2 NAME	5901 Sun Blvd. #203
STREET ADDRESS	ST. PETERSBURG FL 33715	4.3 STREET ADDRESS	St. Petersburg, Fl 33715
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D QUIMBY, RAY [X] DELETE	5.1 TITLE	D Donald McDonald
NAME	5901 SUN BLVD. #203	5.2 NAME	5901 Sun Blvd. #203
STREET ADDRESS	ST. PETERSBURG FL 33715	5.3 STREET ADDRESS	St. Petersburg, Fl 33715
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	[] DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

RS IN 12 [] Addition
Change [] Addition
504
Change [] Addition
503
Change [] Addition
03
Change [] Addition

14. I do 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 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: Cynthia Sampson, President 1/23/97
DATE: 1/23/97
DAYTIME PHONE: 0051137

CR2E037 (9/96)