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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90146 014 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47891

1. Corporation Name

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

Pr %Rampart Properties
C, 10033 9th St.N. 2nd Floor
SE St. Petersburg, FL 33716
SI
UK

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505052 - 90146 - 14



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		28		03/17/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-0715528	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	Trust Fund Contribution	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Brian K. Smith				81 Name			
10033 9th St.N. 2nd Floor				82 Street Address (P.O. Box Number is Not Acceptable)			
St. Petersburg, FL 33716				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 Brian K. Smith BRIAN K. SMITH 4-30-99
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETT, WALTER	1.2 NAME	
STREET ADDRESS	5901 SUN BLVD STE 203	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, VERN	2.2 NAME	
STREET ADDRESS	5901 SUN BLVD. #203	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUIMBY, RAY	3.2 NAME	Laura Jehle
STREET ADDRESS	5901 SUN BLVD. #203	3.3 STREET ADDRESS	4737 Dolphin Cay Ln. #608
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, LARRY	4.2 NAME	
STREET ADDRESS	5901 SUN BLVD. #203	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, DONALD	5.2 NAME	Jane Schaumberg
STREET ADDRESS	5901 SUN BLVD., #209	5.3 STREET ADDRESS	4737 Dolphin Cay Ln. #604
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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, with all other like empowered.

SIGNATURE: Jawon Stachurski 4-13-99 727 866-0859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)