

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90025 034 ****61.25

DOCUMENT # N47891

1. Entity Name

THE BERMUDA AT DOLPHIN CAY OWNER'S ASSOCIATION,

Principal Place of Business

Mailing Address

C/O RAMPART PROPERTIES
 10033 9TH ST 2ND FL
 SAINT PETERSBURG FL 33716
 US

C/O RAMPART PROPERTIES
 10033 9TH ST 2ND FL
 SAINT PETERSBURG FL 33716-3804
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0715528

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, BRIAN K
10033 9TH ST N
2ND FL
SAINT PETERSBURG FL 33716

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARRETT, WALTER	
STREET ADDRESS	5901 SUN BLVD STE 203	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FOX, VERN	
STREET ADDRESS	5901 SUN BLVD. #203	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	JEHLE, LAURA	
STREET ADDRESS	4737 DOLPHIN CAY LN #608	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CARTER, LARRY	
STREET ADDRESS	5901 SUN BLVD. #203	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	SCHAUMBERG, JANE	
STREET ADDRESS	4737 DOLPHIN CAY LN #604	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	Julius Rosch	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fred Shuh	(Secretary)
STREET ADDRESS	4737 Dolphin Cay Lane #602	
CITY-ST-ZIP	St. Petersburg, FL 33711	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Laura Thompson	(President)
STREET ADDRESS	4737 Dolphin Cay Lane #608	
CITY-ST-ZIP	St. Petersburg, FL 33711	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jane Schaumberg	(Treasurer)
STREET ADDRESS	4737 Dolphin Cay Lane #604	
CITY-ST-ZIP	St. Petersburg, FL 33711	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Julius Rosch	(Director)
STREET ADDRESS	4737 Dolphin Cay Lane #203	
CITY-ST-ZIP	St. Petersburg, FL 33711	

12. 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 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: Laura J. Thompson DATE: 3/17/00 (727) 865-0540
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #