

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91601 019 ****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
 US

2. Principal Place of Business

4737 DOLPHIN CAY LANE S.

Suite, Apt. #, etc.

3. Mailing Address

4779 DOLPHIN CAY LANE S.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

4. FEI Number

59-0715528

Applied For

Not Applicable

Zip

33711

Country

US

Zip

33711

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **CONDOMINIUM ASSOCIATES**

Street Address (P.O. Box Number is Not Acceptable)

3001 EXECUTIVE DRIVE

SUITE 260

City

CLEARWATER

FL

Zip Code

33762

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

Condominium Associates
 By *Roy S Caldwell, vice president*

5-16-01

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

TITLE **S** Delete
 NAME **SHUH, FRED**
 STREET ADDRESS **4737 DOLPHIN CAY LN #602**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33711**

TITLE **VD** Delete
 NAME **FOX, VERN**
 STREET ADDRESS **5901 SUN BLVD. #203**
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **P** Delete
 NAME **THOMPSON, LAURA**
 STREET ADDRESS **4737 DOLPHIN CAY LN #608**
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **T** Delete
 NAME **SCHAUMBERG, JANE**
 STREET ADDRESS **4737 DOLPHIN CAY LN #604**
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **D** Delete
 NAME **ROSCH, JULIUS**
 STREET ADDRESS **4737 DOLPHIN CAY LN #203**
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T/D** Change Addition
 NAME **MURELLE, BOB**
 STREET ADDRESS **4737 DOLPHIN CAY LANE S., #104**
 CITY-ST-ZIP **ST PETERSBURG FL 33711**

TITLE **S/D** Change Addition
 NAME **SAMPSON, CYNTHIA**
 STREET ADDRESS **4737 DOLPHIN CAY LANE S, #206**
 CITY-ST-ZIP **ST PETERSBURG FL 33711**

TITLE **P/D** Change Addition
 NAME **THOMPSON, LAURA**
 STREET ADDRESS **4737 DOLPHIN CAY LANE S, #608**
 CITY-ST-ZIP **ST PETERSBURG FL 33711**

TITLE **D** Change Addition
 NAME **HORSTING, JOHN**
 STREET ADDRESS **4737 DOLPHIN CAY LANE S, #607**
 CITY-ST-ZIP **ST PETERSBURG FL 33711**

TITLE **V/D** Change Addition
 NAME **ROSCH, JULIUS**
 STREET ADDRESS **4737 DOLPHIN CAY LANE S, #203**
 CITY-ST-ZIP **ST PETERSBURG FL 33711**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 Thompson* **LAURA THOMPSON 5/11/01 727-864-1900**

CR2E037 (10/00)