

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 15, 2004
Secretary of State**

DOCUMENT# N47891

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

Current Principal Place of Business:

4737 DOLPHIN CAY LANE S
SAINT PETERSBURG, FL 33711 US

New Principal Place of Business:

Current Mailing Address:

4779 DOLPHIN CAY LANE S
SAINT PETERSBURG, FL 33711 US

New Mailing Address:

FEI Number: 59-0715528 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DRIVE #260
CLEARWATER, FL 33762

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: MURELLE, BOB
Address: 4737 DOLPHIN CAY LANE S, #104
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: SD () Delete
Name: SAMPSON, CYNTHIA
Address: 4737 DOLPHIN CAY LANE S, #206
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: PD () Delete
Name: THOMPSON, LAURA
Address: 4737 DOLPHIN CAY LN #608
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: VD () Delete
Name: FREDA, WILLIAM
Address: 4737 DOLPHIN CAY LANE S, #604
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: D () Delete
Name: ROSCH, JULIUS
Address: 4737 DOLPHIN CAY LN #203
City-St-Zip: SAINT PETERSBURG, FL 33711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CECI, LOUIS
Address: 4737 DOLPHIN CAY LN #301
City-St-Zip: SAINT PETERSBURG, FL 33711

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA THOMPSON

PD

04/15/2004

Electronic Signature of Signing Officer or Director

Date