

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 07, 2006  
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 US

**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: TACKETT, HENRIETTA  
Address: 4737 DOLPHIN CAY LANE S, #108  
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: CECI, LOUIS  
Address: 4737 DOLPHIN CAY LN #301  
City-St-Zip: SAINT PETERSBURG, FL 33711

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: TD (X) Change ( ) Addition  
Name: SAMPSON, CYNTHIA  
Address: 4737 DOLPHIN CAY LN #608  
City-St-Zip: SAINT PETERSBURG, FL 33711

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ROBERT MURELLE

PD

04/07/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date