

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: \$135 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$225)**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 JUL -3 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000809 (5)

1. Corporation Name

**THE CURACAO AT DOLPHIN CAY OWNER'S ASSOCIATION,
INC.**

Principal Place of Business
2201 4TH ST N
#200
ST. PETERSBURG FL 33704
US

Mailing Address
2201 4TH DY N
#200
ST. PETERSBURG FL 33704
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 12/11/1992	3a. Date of Last Report 05/01/1994
4. FEI Number 59-3215362	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributions ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

9. Name and Address of Current Registered Agent

**CHEEZEM, J M
2201 4TH ST N. #200
ST. PETERSBURG FL 33704**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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

Signature of person named as registered agent and the applicable

Signature of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	COOPER, GAIL M
STREET ADDRESS	2201 4TH ST. N., #200
CITY, ST, ZIP	ST. PETERSBURG FL
TITLE	DST
NAME	PREIDIS, KATHLEEN R
STREET ADDRESS	2201 4TH ST. N., #200
CITY, ST, ZIP	ST. PETERSBURG FL
TITLE	DV
NAME	BUSSEY, JOHN S
STREET ADDRESS	2201 4TH ST. N., #200
CITY, ST, ZIP	ST. PETERSBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D/P
12 NAME	RECNY, FRANK
13 STREET ADDRESS	4780 Dolphin Cay Ln. S. #307
14 CITY, ST, ZIP	St. Petersburg, FL
21 TITLE	D/VP
22 NAME	Romani, Angelo
23 STREET ADDRESS	4780 Dolphin Cay Ln. S. #606
24 CITY, ST, ZIP	St. Petersburg, FL
31 TITLE	D/S
32 NAME	O'Mara, Jessie B.
33 STREET ADDRESS	4780 Dolphin Cay Ln. S. #102
34 CITY, ST, ZIP	St. Petersburg, FL
41 TITLE	D/T
42 NAME	Lachnicht, Robert
43 STREET ADDRESS	4780 Dolphin Cay Ln. S. #207
44 CITY, ST, ZIP	St. Petersburg, FL
51 TITLE	D
52 NAME	Johnson, Robert
53 STREET ADDRESS	4780 Dolphin Cay Ln. S. #501
54 CITY, ST, ZIP	St. Petersburg, FL
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jessie B. O'Mara, Secretary

06/06/95

813-864-1900