

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
12/11/1992

3a. Date of Last Report
07/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHEEZEM, J M

2201 4TH ST N #200
ST. PETERSBURG FL 33704

81

Name

William Newton

82

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

5901 SUN BLVD, SUITE 203

83

84

City

ST. PETERSBURG

FL

85

Zip Code

33715

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

3/14/96

12. OFFICERS AND DIRECTORS

TITLE DP
NAME RECNY, FRANK
STREET ADDRESS 4780 DOLPHIN CAY LANE 2 307
CITY-ST-ZIP ST. PETE FL

☐ DELETE

TITLE VD
NAME ROMANI, ANGLEO
STREET ADDRESS 4780 DOLPHIN CAY LANE S 606
CITY-ST-ZIP ST. PETE FL

☐ DELETE

TITLE DS
NAME OMARA, JESSIE B
STREET ADDRESS 4780 DOLPHIN CAY LANE S, 102
CITY-ST-ZIP ST. PETE FL

☐ DELETE

TITLE DT
NAME LACHNIGHT, ROBERT
STREET ADDRESS 4780 DOLPHIN CAY LANE S 207
CITY-ST-ZIP ST. PETE FL

☐ DELETE

TITLE D
NAME JOHNSON, ROBERT
STREET ADDRESS 4780 DOLPHIN CAY LANE S 501
CITY-ST-ZIP ST. PETE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

100001749300

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***61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/3-866-3115

56 8-19-96

CR2E037 (12/95)