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Mar 05 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
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

Mailing Address

PBM  
5901 Sun Blvd. #203  
St. Petersburg, FL 33715

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5901 Sun Blvd. #203  
St. Petersburg, FL 33715

Incorporated or Qualified 12/11/1992	3a. Date of Last Report 03/19/1996
Number 59-3215362	Applied For Not Applicable

22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip	29 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Country	30 Country	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEWTON, WILLIAM M  
5901 SUN BLVD  
#203  
ST. PETERSBURG FL 33715

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RECNY, FRANK	1.2 NAME	
STREET ADDRESS	4780 DOLPHIN CAY LANE 2 307	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETE FL 33711	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMANI, ANGELO	2.2 NAME	VD
STREET ADDRESS	4780 DOLPHIN CAY LANE S 606	2.3 STREET ADDRESS	Douglas Watson
CITY-ST-ZIP	ST. PETE FL	2.4 CITY-ST-ZIP	4780 Dolphin Cay Lane S 404
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OMARA, JESSIE B	3.2 NAME	DS
STREET ADDRESS	4780 DOLPHIN CAY LANE S, 102	3.3 STREET ADDRESS	Don Eckert
CITY-ST-ZIP	ST. PETE FL	3.4 CITY-ST-ZIP	4780 Dolphin Cay Lane S #203
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACHNIGHT, ROBERT	4.2 NAME	
STREET ADDRESS	4780 DOLPHIN CAY LANE S 207	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETE FL 33711	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ROBERT	5.2 NAME	
STREET ADDRESS	4780 DOLPHIN CAY LANE S 501	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETE FL 33711	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: Frank G Recny FRANK G RECNY 1-22-97 813 867-4567  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0070233

CR2E037 (9/96)