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Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N92000000809 (5)

1. Corporation Name

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



Principal Place of Business	Mailing Address
5901 SUN BLVD., #203 ST. PETERSBURG FL 33715 US	2201 4TH DY N. #200 ST. PETERSBURG FL 33704 US

3. Date Incorporated or Qualified	12/11/1992
4. FEI Number	59-3215362
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25 Country	30 Zip

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
NEWTON, WILLIAM M 5901 SUN BLVD #203 ST. PETERSBURG FL 33715	

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. Zip Code	

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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	NAME
DP	RECNY, FRANK
STREET ADDRESS	4780 DOLPHIN CAY LANE 2 307
CITY-ST-ZIP	ST. PETE FL
VD	WATSON, DOUGLAS
STREET ADDRESS	4780 DOLPHIN BAY LANE., STE 404
CITY-ST-ZIP	ST. PETERSBURG FL
SD	ECKERT, DON
STREET ADDRESS	4780 DOLPHIN CAY LANE., STE 203
CITY-ST-ZIP	ST. PETERSBURG FL
DT	LACHNIGHT, ROBERT
STREET ADDRESS	4780 DOLPHIN CAY LANE S 207
CITY-ST-ZIP	ST. PETE FL
D	JOHNSON, ROBERT
STREET ADDRESS	4780 DOLPHIN CAY LANE S 501
CITY-ST-ZIP	ST. PETE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VP
1.2 NAME	John Leyon
1.3 STREET ADDRESS	5901 Sun Blvd Ste #203
1.4 CITY-ST-ZIP	St. Petersburg, FL
2.1 TITLE	Asst. Treasure
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	P
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	T
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *Ronald H. [Signature]*

CR2E037 (10/97)