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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000809

1. Corporation Name

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

%Rampart Properties
10033 9th St.N. 2nd Floor
St. Petersburg, FL 33716

505051 - 90146 - 13



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

31

12/11/1992

4. FEI Number

59-3215362

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

Brian K. Smith
10033 9th St.N. 2nd Floor
St. Petersburg, FL 33716

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

Brian K. Smith

Signature, typed or printed name of registered agent and title if applicable.

BRIAN K. SMITH

(NOTE: Registered Agent signature required when reinstating)

4-30-99

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | LEYON, JOHN | |
| STREET ADDRESS | 5901 SUN BLVD STE 203 | |
| CITY-ST-ZIP | ST PETERSBURG FL | |
| TITLE | AT | <input type="checkbox"/> DELETE |
| NAME | WATSON, DOUGLAS | |
| STREET ADDRESS | 4780 DOLPHIN BAY LANE., STE 404 | |
| CITY-ST-ZIP | ST. PETERSBURG FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | ECKERT, DON | |
| STREET ADDRESS | 4780 DOLPHIN CAY LANE., STE 203 | |
| CITY-ST-ZIP | ST. PETERSBURG FL | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | LACHNIGHT, ROBERT | |
| STREET ADDRESS | 4780 DOLPHIN CAY LANE S 207 | |
| CITY-ST-ZIP | ST. PETE FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | JOHNSON, ROBERT | |
| STREET ADDRESS | 4780 DOLPHIN CAY LANE S 501 | |
| CITY-ST-ZIP | ST. PETE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------------|--|
| 1.1 TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Jim VanHorn | |
| 1.3 STREET ADDRESS | 4780 Dolphin Cay Ln. #303 | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | AT | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | None | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Marlene Romani | |
| 3.3 STREET ADDRESS | 4780 Dolphin Cay Ln. #606 | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | John Leyon | |
| 5.3 STREET ADDRESS | 4780 Dolphin Cay Ln. #406 | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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, with all other like empowered.

SIGNATURE:

Robert G. M. Lachnight

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99

DATE

866-9096

Daytime Phone #

CR2E037 (11/98)