

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000004932 (0)

1. Corporation Name

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

Principal Place of Business

2201 FOURTH STREET NORTH
STE. TWO HUNDRED
ST. PETERSBURG FL 33704

Mailing Address

2201 FOURTH STREET NORTH
STE. TWO HUNDRED
ST. PETERSBURG FL 33704



3. Date Incorporated or Qualified
10/25/1993

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 **3001 Executive Drive** 26 **3001 Executive Drive**

4. FEI Number
59-3215871

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 260**

27 **Suite 260**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 **Clearwater, FL**

28 **Clearwater, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 **34622**

25 **U.S.A.**

29 **34622**

30 **U.S.A.**

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

CAMPBELL, JUDY
300 31ST STREET NORTH
STE 125
ST. PETERSBURG FL 33713

81 Name **WILLIAM NEWTON**
82 Street **5901 Sun Blvd.**
83 **Suite 203**
84 City **St. Petersburg, FL** 85 Zip Code **33715**

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

WILLIAM C. NEWTON

(NOTE: Registered Agent signature required when reinstating)

4/15/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~FD~~ ☐ DELETE
NAME **WALKER, ROBERT G.**
STREET ADDRESS **4750 DOLPHIN CAY LN. SO. #302**
CITY-ST-ZIP **ST. PETERSBURG FL**

1.1 TITLE **V.P. DIR.** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **33711**

TITLE **VPD** ☐ DELETE
NAME **COCHRAN, EDWARD S**
STREET ADDRESS **4730 DOLPHIN CAY LANE, SO. #103**
CITY-ST-ZIP **ST. PETERSBURG FL**

2.1 TITLE **V.P. DIR.** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **4750 Dolphin Cay Lane, #103**
2.4 CITY-ST-ZIP **33711**

TITLE **SD** ☐ DELETE
NAME **SIMMONS, JANICE L**
STREET ADDRESS **4750 DOLPHIN AY LANE, SOUTH #203**
CITY-ST-ZIP **ST. PETERSBURG FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **33711**

TITLE ~~FD~~ ☐ DELETE
NAME **POLONSKI, VICTOR**
STREET ADDRESS **4750 SOLPHIN CAY LANE SO. #107**
CITY-ST-ZIP **ST. PETERSBURG FL**

4.1 TITLE **PRES. DIR.** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP **33711**

TITLE **D** ☒ DELETE
NAME **DUGAN, JOHN**
STREET ADDRESS **4750 DOLPHIN CAY LN., SO. #607**
CITY-ST-ZIP **ST. PETERSBURG FL**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **Eddy Raymond**
5.3 STREET ADDRESS **4750 Dolphin Cay Ln. S #603**
5.4 CITY-ST-ZIP **St. Petersburg, FL 33711**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **TREAS. DIR.** ☐ Change ☒ Addition
6.2 NAME **RAOUL G. BAUMEL**
6.3 STREET ADDRESS **4750 DOLPHIN CAY LN. SO. #303**
6.4 CITY-ST-ZIP **ST. PETERSBURG, FL 33711**

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:

Victor Polonski

Victor Polonski

4/17/96

(813) 288-5544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E037 (12/95)