FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

N93000004932 (0)

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

FILED Apr 17 1998 8:00am Secretary of State

Principal Place of Business Mailing Address							HAD IINI HODI	
SUN BLVD SUITE 203 ST. PETERSBURG FL 33715		5901 SUN BLYD SUITE 203 ST. PETERSBURG FL 33715				3. Date Incorporated or Qualified 10/25/1993		
US		US				4. FEI Number		plied For
2. Principal Pla	2a. Malling Address	o Address			59-3215871		t Applicable	
21		26				5. Certificate of Status Desired	\$8.75 A	quired
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
City & State		City & State				7. Is this nonprofit corporation a homeowners association?		
23		Zip Country			☐ Yes ☐ No			
Zip 24	Country	Zip	ıtry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
[24]	25 29 30 30 9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
					Name			
NEWTON, WILLIAM				32 5	Street Addres	dress (P.O. Box Number is Not Acceptable)		
5901 SUN BLVD				5treet Address (P.O. Box Number is Not Acceptable)				
STE 203			1	33	-			
ST. PETERSBURG FL 33715			Ī	84 (City	FL	85 Zip (Code
11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florida Statutes, t				ove-n	named corpo		hanging its	s registered
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 reinstating) DATE								
12. OFFICERS AND DIRECTORS				13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 12
TITLE VD DELETE			1.1 TITL	1.1 TITLE IT		Judy Heustis	Change	Addition
NAME . WADKER, ROBERT G.			1,2 NAA	1.2 NAME		5901 Sun Blvd Suite 2	^ ~	^
STREET ADDRESS 4750 DOLPHEN GAT EN. SQ. #302			1.3 STR	1.3 STREET ADDRESS		St Petersburg, FL 33715		
CITY-ST-ZIP	NY-ST-ZIP ST-PETERSBURG FL			1.4 CITY-ST-ZIP				a barb saannaa
TITLE •	COCHRAN, EDWARD S			2.1 TITLE D		Jumes Souraniasi		Addition KK
NAME	AND DOLD MILE AND AND THE PARTY OF THE PARTY			2.2 NAME		5901 Sun Blvd Suite 2		
	OF DESTROYER			2.3 STREET ADDRESS 2.4 City-St-Zip		St Petersburg, FL 337	13	
CITY-ST-ZIP				3.1 TITLE			Change	Addition
NAME	SIMITONS, JANICE L			3.2 NAME		:		
STREET ADDRESS 4750 DOLPHIN AY LANE, SOUTH #203				3.3 STREET ADDRESS				
CITY-ST-ZIP ST. PETERSBURG FL			1	3.4. CITY-ST-ZIP				
TITLE	PD	☐ DELETE	4.1 TITL				Change	Addition
NAME	POLONSKI, VICTOR		4. 2 NA	ME				
STREET ADDRESS	4750 SOLPHIN CAY LANE SO. #107			4.3 STREET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CIT					- A 4-85/
TITLE	TD BALMACI DAOLII G	☐ DELETE	5.1 TITL		VΡ	Х	X Change	☐ Addition
NAME BAUMEL, RAOUL G. STREET ADDRESS 4750 DOLPHIN CAY LANE SOUTH, #303				5.2 NAME 5.3 STREET ADDRESS				
STREET ADDRESS	ST. PETERSBURG FL	/III, WOOD	5.3 STR 5.4 CIT		1			
CITY-ST-ZIP TITLE	OTT ETERIODORIO TE	DELETE	6.1 TITL		LIT		Change	Addition
NAME			6.2 NAM					_
STREET ADDRESS			6.3 STR		XORESS			
CITY-ST-ZIP				Y-\$T-7	ZIP			
						and a day of the control of the cont		

indicated on this annual report or supplied with this riling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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 eath; 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.