

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 713189 (9)

1. Corporation Name

**DOLPHIN APARTMENTS ASSOCIATION OF CLEARWATER, IN
C.**

Principal Place of Business

210 DOLPHIN POINT
CLEARWATER FL 34630

Mailing Address

210 DOLPHIN POINT
SUITE A
CLEARWATER FL 34630-2106
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1967

3a. Date of Last Report

05/01/1994

4. FBI Number

59-1955398

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under § 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAZLER, KAY
210 DOLPHIN POINT
SUITE A
CLEARWATER FL 34630

81 Name

SEIBERT, TOM

82 Street Address (P.O. Box Number is Not Acceptable)

210 DOLPHIN POINT

83

SUITE A

84

CLEARWATER

FL

85

Zip Code

34630-2106

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(Signature of typed or printed name of registered agent and title of corporation)

(Signature of Registered Agent (signature required when registering))

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

NICHOLS ELSE M.

STREET ADDRESS

210-A DOLPHIN PT.

CITY ST ZIP

CLEARWATER, FL 00000

11 TITLE

PD

12 NAME

CURRY IV, J. MILES

13 STREET ADDRESS

210-B DOLPHIN POINT

14 CITY ST ZIP

CLEARWATER, FL 34630-2106

TITLE

VD

NAME

ATKINS, LOUISE

STREET ADDRESS

210-C DOLPHIN PT.

CITY ST ZIP

CLEARWATER, FL 00000

21 TITLE

D

22 NAME

D

23 STREET ADDRESS

D

24 CITY ST ZIP

34630-2106

TITLE

STD

NAME

BAZLER, KAY

STREET ADDRESS

210-A DOLPHIN PT.

CITY ST ZIP

CLEARWATER, FL 00000

31 TITLE

PD

32 NAME

D

33 STREET ADDRESS

D

34 CITY ST ZIP

34630-2106

TITLE

D

NAME

CURRY, MILES I

STREET ADDRESS

210-B DOLPHIN PT.

CITY ST ZIP

CLEARWATER FL

41 TITLE

SD

42 NAME

SEIBERT, THOMAS G.

43 STREET ADDRESS

210-D DOLPHIN POINT

44 CITY ST ZIP

CLEARWATER, FL 34630-2106

TITLE

D

NAME

MOORE, LINDA

STREET ADDRESS

205 CRESTWOOD LANE

CITY ST ZIP

LARGO FL

51 TITLE

D

52 NAME

D

53 STREET ADDRESS

D

54 CITY ST ZIP

D

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

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)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS G SEIBERT - Sec.

4/30/95

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