FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -7 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 771279 (7)

1. Corporation Name

DOLLY BAY CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O SEABOARD ARBORS 1700 MCMULLEN BOOTH RD. STE C-3 CLEARWATER FL 34621 US	C/O SEABOARD ARBORS 1700 MCMULLEN BOOTH RD. STE C-3 CLEARWATER FL 34621 US

3. Date Incorporated or Qualified: 11/16/1983
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-2383494 ☐ 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 S. 199.032, Florida Statutes ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

~~HICKS JOYCE M~~
~~1700 MCMULLEN BOOTH RD, STE C-3~~
~~CLEARWATER FL 34619~~

10. Name and Address of New Registered Agent

81 Name: LEIGHTON, LENNARD A.
82 Street Address (P.O. Box Number is Not Acceptable): 1700 MCMULLEN BOOTH RD, SUITE C-3
83
84 City: CLEARWATER FL 85 Zip Code: 34619

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] 2/15/95
(Signature, type or print 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 DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	HENNIG, JACK	1.2 NAME	
STREET ADDRESS	2599 DOLLY BAY DR 206	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	
TITLE	~~D~~	2.1 TITLE	VP ☐ Change ☐ Addition
NAME	~~CAULEY, TIM~~	2.2 NAME	UBERTI, GALE
STREET ADDRESS	~~2577 DOLLY BAY DR #103~~	2.3 STREET ADDRESS	2599 DOLLY BAY DR #T301
CITY-ST-ZIP	~~PALM HARBOR FL~~	2.4 CITY-ST-ZIP	PALM HARBOR FL
TITLE	~~SD~~	3.1 TITLE	SD ☐ Change ☐ Addition
NAME	~~FISHER, CHRIS~~	3.2 NAME	BERRY, JOYCE
STREET ADDRESS	~~2599 DOLLY BAY DR T107~~	3.3 STREET ADDRESS	2533 DOLLY BAY DR #L301
CITY-ST-ZIP	~~PALM HARBOR FL~~	3.4 CITY-ST-ZIP	PALM HARBOR FL
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	WARNER, JACK	4.2 NAME	
STREET ADDRESS	2577 DOLLY BAY DR S205	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP	
TITLE	~~VP~~	5.1 TITLE	D ☐ Change ☐ Addition
NAME	~~STEIN, DIRK~~	5.2 NAME	CAULEY, TIM
STREET ADDRESS	~~2599 DOLLY BAY DR #303~~	5.3 STREET ADDRESS	2577 DOLLY BAY DR #103
CITY-ST-ZIP	~~PALM HARBOR FL~~	5.4 CITY-ST-ZIP	PALM HARBOR FL
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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: [signature] Pres 3/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Jack Hennig - President

001M81