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FILED

Apr 11 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 771279 (7)

1. Corporation Name

DOLLY BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O SEABOARD ARBORS
1700 MCMULLEN BOOTH RD. STE C-3
CLEARWATER FL 34621
USC/O SEABOARD ARBORS
1700 MCMULLEN BOOTH RD. STE C-3
CLEARWATER FL 34619-2129
US3. Date Incorporated or Qualified
11/16/19833a. Date of Last Report
03/14/1996

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

LEIGHTON, LENNARD A
1700 MCMULLEN BOOTH RD
SUITE C-3
CLEARWATER FL 34619

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

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 DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GARAVANTA, JOANNE	
STREET ADDRESS	2511 DOLLY BAY DR, D-201	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	UBERTI, JACK	
STREET ADDRESS	2599 DOLLY BAY DR #T301	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BERRY, JOYCE	
STREET ADDRESS	2533 DOLLY BAY DR #L301	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BLACK, MILDRED	
STREET ADDRESS	2533 DOLLY BAY DR, L102	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BRADLEY, JIM	
1.3 STREET ADDRESS	2533 DOLLY BAY DRIVE L102	
1.4 CITY-ST-ZIP	PALM HARBOR FL	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DALLIS, MIKE	
2.3 STREET ADDRESS	2599 DOLLY BAY DRIVE T102	
2.4 CITY-ST-ZIP	PALM HARBOR FL	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HERRAN, JEFF	
3.3 STREET ADDRESS	1756 EMERALD DRIVE	
3.4 CITY-ST-ZIP	CLEARWATER FL	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
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 do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/97

Daytime Phone # 0067230

CR2E037 (9/96)