FILE NOW: FILING FEE IS \$61.25 May 15 1997 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE Secretary of State CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # 713189 (9) DOLPHIN APARTMENTS ASSOCIATION OF CLEARWATER, IN Principal Place of Business Mailing Address 210 DOLPHIN POINT 210 DOLPHIN POINT CLEARWATER FL 34630 SHITE D CLEARWATER FL 34630-2106 3. Date Incorporated or Qualified 3a. Date of Last Report US 08/14/1967 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1955398 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199,032, 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SEIBERT, TOM (P.O. Box Number 15 Not Acceptable WIPHIN POINT K 210 DOLPHIN POINT SUITE D **CLEARWATER FL 34630** 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 rehistered agent, of horb, in the State of Florida Such change was authorized by the corporation's board of directors. I horeby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes. (NO1E: Registered Agent signature required when reinstating) 12. OFFICERS AND DIREC ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE JECKETARY - DIRECTOR Change NAME **CURRY IV, J. MILES** 1.2 NAME 210 B BOLDHW PT STREET ADDRESS 210-A DOLPHIN PT. 1.3 STREET ADDRESS CLEARWATER, FL 00000 CITY-ST-ZIP 1.4 OTY-ST-ZIP PREZIDENT - DIRECTOR Change TITLE DELETE 2.1 TITLE NAME ATKINS, LOUISE 2.2 NAME STREET ADDRESS 210-C DOLPHIN PT. 2.3 STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 00000 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition BAZLER, KAY NAME 3.2 NAME STREET ADDRESS 210-A DOLPHIN PT. 3.3 STREET ADDRESS CLEARWATER, FL 00000 CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE VICE PRESIDENTS DIRECTORANGE TITLE 4.1 TITLE SEIBERT, THOMAS G. NAME 4. 2 NAME 210 D DOLPHIN PT 210-B DOLPHIN PT. STREET ADDRESS 4.3 STREET ADDRESS **CLEARWATER FL** CITY-ST-ZIP 44 CITY-ST-ZIP DELETE TITLE 5.1 TOLE Change Addition MOORE, LINDA NAME 52 NAME STREET ADDRESS 205 CRESTWOOD LANE 5.3 STREET ADDRESS

FILED

Change

Addition

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.

54 CITY-ST-ZIP

6.3 STREET ADDRESS 64 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

Largo fl

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

TIMILES CULEY 1/13/9