

FILE NOW: FILING FEE IS \$61.25

FILED

May 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 713189 (9)
1. Corporation Name
DOLPHIN APARTMENTS ASSOCIATION OF CLEARWATER, INC.



Principal Place of Business
**210 DOLPHIN POINT
CLEARWATER FL 34604**

Mailing Address
**210 DOLPHIN POINT
CLEARWATER FL 34604
US**

3. Date Incorporated or Qualified 08/14/1967	
4. FEI Number 59-1955398	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 Suite B
23 Zip	28 City & State
24 33767-2106	29 33767-2106
Country	Country
25	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CURRY, MILES 210 DOLPHIN POINT RD APT. B CLEARWATER FL 34604		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL 33767-2106	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRY IV, J. MILES	1.2 NAME	
STREET ADDRESS	210 B DOLPHIN PT	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 34604	1.4 CITY-ST-ZIP	33767-2106
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKINSON, LOUISE	2.2 NAME	
STREET ADDRESS	210-C DOLPHIN PT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 34604	2.4 CITY-ST-ZIP	33767-2106
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAZLER, KAY	3.2 NAME	
STREET ADDRESS	210-A DOLPHIN PT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 34604	3.4 CITY-ST-ZIP	33767-2106
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEIBERT, THOMAS G.	4.2 NAME	
STREET ADDRESS	210 D DOLPHIN PT	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	33767-2106
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *K. Bazler* *K. Bazler* *Thomas G. Seibert* **813 442-2262**
28 Apr 1998

CFR2037 (10/97)