FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 25, 1999 8:00 am
Secretary of State
04-25-1999 90042 024 ****61.25

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DOCUMENT # 771279

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 US	C/O SEABOARD ARBORS 1700 MCMULLEN BOOTH RD. STE C-3 CLEARWATER FL 34621 US

2. Principal Place of Business

2189 CLEVELAND STREET
SUITE 225
CLEARWATER, FL 33765

29 30

2189 CLEVELAND STREET
SUITE 225
CLEARWATER, FL 33765

3. Date Incorporated or Qualifed
11/16/1983

4. FEI Number
59-2383494
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

LENNARD A. LEIGHTON
2189 CLEVELAND STREET
SUITE 225
CLEARWATER, FL 33765

10. Name and Address of New Registered Agent

81 LENNARD A. LEIGHTON
82 2189 CLEVELAND STREET
83 SUITE 225
84 CLEARWATER, FL 33765

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 Leonard A. Leighton 4/22/99
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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BRADLEY, JIM		1.2 NAME		
STREET ADDRESS	2533 DOLLY BAY DRIVE, L102		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DALLAS, MIKE		2.2 NAME		
STREET ADDRESS	2599 DOLLY BAY DRIVE, T102		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HERRAN, JEFF		3.2 NAME		
STREET ADDRESS	1756 EMERALD DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	SCAGNELLI, PAUL		4.2 NAME	LUCY VANSTRATT	
STREET ADDRESS	2533 DOLLY BAY DR #L305		4.3 STREET ADDRESS	2533 DOLLY BAY DRIVE L304	
CITY-ST-ZIP	PALM HARBOR FL		4.4 CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	BERNARD, ELISA		5.2 NAME	SHARON ASHWORTH	
STREET ADDRESS	2830 OAKBRIDGE CT		5.3 STREET ADDRESS	2577 DOLLY BAY DRIVE S-304	
CITY-ST-ZIP	PALM HARBOR FL		5.4 CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE		☐ DELETE	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 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, with all other like empowered.

SIGNATURE: Leonard A. Leighton SIGNATURE REQUIRED 4/22/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)