

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 771279

1. Entity Name

DOLLY BAY CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90078 011 \*\*\*\*61.25

Principal Place of Business

2189 CLEVELAND STREET  
SUITE 225  
CLEARWATER FL 33765  
US

Mailing Address

2189 CLEVELAND STREET  
SUITE 225  
CLEARWATER FL 33765  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2383494

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **SD** ☐ Delete  
NAME **DALLIS, BOBBIO**  
STREET ADDRESS **2599 DOLLY BAY DRIVE T-102**  
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **PD** ☐ Delete  
NAME **DALLAS, MIKE**  
STREET ADDRESS **2599 DOLLY BAY DRIVE, T102**  
CITY-ST-ZIP **PALM HARBOR FL**

TITLE **TD** ☐ Delete  
NAME **VANSTRATT, LUCY**  
STREET ADDRESS **2533 DOLLY BAY DRIVE, L304**  
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **D** ☒ Delete  
NAME **ASHWORTH, SHARON**  
STREET ADDRESS **2577 DOLLY BAY DRIVE, S-304**  
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **UP Nancy Ohmart**  
STREET ADDRESS **2533 Dolly Bay Drive L-107**  
CITY-ST-ZIP **Palm Harbor FL 34684**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)