


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 723960 (1) 1. Corporation Name DOLPHIN TOWERS CONDOMINIUM ASSOCIATION, INC			
Principal Place of Business 1801 GLENGARY STREET SARASOTA FL 34231-0803		Mailing Address 1801 GLENGARY STREET SARASOTA FL 34231-3603	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
3. Date Incorporated or Qualified 07/26/1972		3a. Date of Last Report 04/15/1996	
4. FEI Number 59-1429696		Applied For 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	
8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent CONDOMINIUM MANAGEMENT, INC 1801 GLENGARY STREET SARASOTA FL 34231		10. Name and Address of New Registered Agent 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			
TITLE	P/D <input checked="" type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	HICKMAN, PETER MR.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	101 GULFSTREAM AVE. PHK	1.2 NAME	
CITY-ST-ZIP	SARASOTA FL 34236	1.3 STREET ADDRESS	
TITLE	V/D <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
NAME	BEST, EVELYN MRS.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	101 GULFSTREAM AVE. PHG	2.2 NAME	
CITY-ST-ZIP	SARASOTA FL 34236	2.3 STREET ADDRESS	
TITLE	S/D <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
NAME	ENGLE, FRANZ MR.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	101 GULFSTREAM AVE. #12-H	3.2 NAME	
CITY-ST-ZIP	SARASOTA FL 34236	3.3 STREET ADDRESS	
TITLE	T/D <input checked="" type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
NAME	MINTZER, JOSEPH MR.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	C/O CAVANAUGH & CO., SUITE 1100	4.2 NAME	
CITY-ST-ZIP	SARASOTA FL 34236	4.3 STREET ADDRESS	
TITLE	D <input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
NAME	STRAUSS, GEORGIANA MRS.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	101 S. GULFSTREAM AVE., 14 E	5.2 NAME	
CITY-ST-ZIP	SARASOTA FL 34236	5.3 STREET ADDRESS	
TITLE	AS <input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
NAME	CLARK, PAUL R. JR.	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1801 GLENGARY ST.	6.2 NAME	
CITY-ST-ZIP	SARASOTA FL	6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	



SEE ATTACHED

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: Paul R. Clark, Jr. **REQUIRED** Date: 941/921-5393

CR2E037 (9/96)

DTW**Dolphin Tower Condominium Association, Inc.**

Manager: TAG

101 Gulfstream Avenue

Sarasota

Date Printed 3/6/97

Page

1

Tel Acct

65

P/D

Mr. Charles StenderLocal Address101 Gulfstream Ave. PHE
Sarasota, FL 34236

V/D

Mrs Evelyn BestLocal Address101 Gulfstream Ave. PHG
Sarasota, FL 34236

S/D

Mr. Franz EngleLocal Address101 Gulfstream Ave. #12-H
Sarasota, FL 34236

D

Ms. Sarita A. RocheLocal Address101 Gulfstream Ave., #10F
Sarasota, FL 34236

D

Mrs Georgiana Strauss'Local Address101 S. Gulfstream Ave.
14E
Sarasota, FL 34236

AS

P. Richard ClarkLocal Address

AT

Paul R. Clark**Jr.**Local Address