


DTW

FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				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 34231-0603			Mailing Address 1801 GLENGARY STREET SARASOTA FL 34231-0603		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/26/1972 4. FEI Number 59-1429696 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 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO STENDER, CHARLES M 101 GULFSTREAM AVE., PH E SARASOTA FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D BEST, EVELYN MRS. 101 GULFSTREAM AVE. PHG SARASOTA FL 34238	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D ENGLE, FRANZ MR. 101 GULFSTREAM AVE. #12-H SARASOTA FL 34238	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROCHE, SARITA A 101 GULFSTREAM AVE., #10F SARASOTA FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STRAUSS, GEORGIANA MRS. 101 S. GULFSTREAM AVE., 14 E SARASOTA FL 34238	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS CLARK, PAUL R. JR. 1801 GLENGARY ST. SARASOTA FL	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>P. Richard Clark</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			P. Richard Clark 4/14/98 941-921-5293 Date Daytime Phone # 0063032		

CF2E037 (10/97)

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

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Manager TAG

Local Address

Date Printed:

12/19/97

Code

P/D

Mr. Charles Stender
101 Gulfstream Ave. PH E
Sarasota, FL 34236

10

V/D

Mrs. Evelyn Best
101 Gulfstream Ave. PHG
Sarasota, FL 34236

12

S/D

Mr. Franz Engle
101 Gulfstream Ave. #12-H
Sarasota, FL 34236

25

D

Mr. Peter Hickman
101 Gulfstream Ave., PH k
Sarasota, FL 34236

40

D

Mrs. Georgiana Strauss
101 S. Gulfstream Ave.
14E
Sarasota, FL 34236

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AS

P. Richard Clark
1801 Glengary St.
Sarasota, FL 34231

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AT

Paul R. Clark, Jr.
1801 Glengary St
Sarasota FL 34231

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