

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723960

1. Entity Name

DOLPHIN TOWERS CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

101 S GULFSTREAM AVE  
SARASOTA FL 34236

Mailing Address

101 S GULFSTREAM AVE  
SARASOTA FL 34236

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

59-1429696

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FARR, JANIS K  
101 S GULFSTREAM AVE  
DOLPHIN TOWER OFFICE  
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

KRISTINE L. MOWERY

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

101 S. GULFSTREAM AVE

DOLPHIN TOWER OFFICE

City

SARASOTA

FL

Zip Code

34236

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

Kristine L. Mowery, Manager

3-5-02

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 P  
NAME PAGAN, CAROL  
STREET ADDRESS 101 S GULFSTREAM AVE #10-D  
CITY-ST-ZIP SARASOTA FL 34236

TITLE V  
NAME LEINBERGER, CARL  
STREET ADDRESS 101 S GULFSTREAM AVE #14-K  
CITY-ST-ZIP SARASOTA FL 34236

TITLE T  
NAME WILLIAMSON, CHRISTINE  
STREET ADDRESS 101 S GULFSTREAM AVE #15-K  
CITY-ST-ZIP SARASOTA FL 34236

TITLE D  
NAME RAETZ, CHRISTOPHER  
STREET ADDRESS 101 S GULFSTREAM AVE #9-A  
CITY-ST-ZIP SARASOTA FL 34236

TITLE D  
NAME MILLIGAN, BETTY  
STREET ADDRESS 101 S GULFSTREAM AVE #6-H  
CITY-ST-ZIP SARASOTA FL 34236

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME HANKE, DELFORD  
STREET ADDRESS 101 S. GULFSTREAM AVE #12-C  
CITY-ST-ZIP SARASOTA, FL 34236

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

President

Date

3/8/02

Daytime Phone #

941-366-5261

FILED  
Mar 22, 2002 8:00 am  
Secretary of State

03-22-2002 90032 041 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)