

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
Mar 01, 1999 8:00 am
Secretary of State

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DOCUMENT # 755322

1. Corporation Name

THE DOCK ON THE BAY ASSOCIATION, INC.

Principal Place of Business

3440 GULF OF MEXICO DR.
LONGBOAT KEY FL 34228

Mailing Address

3440 GULF OF MEXICO DR.
LONGBOAT KEY FL 34228



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

12/01/1980

4. FEI Number

59-2115950

Applied For

Not Applicable

5. Certificate 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

SMITH, SUSAN
3440 GULF OF MEXICO DR
LONGBOAT KEY FL 33548

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 D
NAME WOOD, COLLEEN
STREET ADDRESS 3440 GULF OF MEXICO
CITY-ST-ZIP LONGBOAT KEY FL

TITLE T
NAME DICKERSON, DONALD M
STREET ADDRESS 3440 GULF OF MEXICO DR
CITY-ST-ZIP LONGBOAT KEY, FL 00000

TITLE PD
NAME ROUSE, DOREEN
STREET ADDRESS 3440 GULF OF MEXICO DR
CITY-ST-ZIP LONGBOAT KEY FL

TITLE D
NAME GROSS, HORACE
STREET ADDRESS 3440 GULF OF MEX DR
CITY-ST-ZIP LONGBOAT KEY FL

TITLE D
NAME MCKENZIE, DON
STREET ADDRESS 3440 GULF OF MEX DR
CITY-ST-ZIP LONGBOAT KEY FL

TITLE S
NAME SMITH, SUSAN
STREET ADDRESS 3440 GULF OF MEXICO DR
CITY-ST-ZIP LONGBOAT KEY FL 34228

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME ED BYDALEK
1.3 STREET ADDRESS 3440 GULF OF MEXICO DR
1.4 CITY-ST-ZIP LONGBOAT KEY, FL. 34228

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)