2002 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2002 8:00 am Secretary of State DOCUMENT # **755322** 1. Entity Name THE DOCK ON THE BAY ASSOCIATION, INC. 03-06-2002 90130 031 ****61.25 Mailing Address Principal Place of Business 3440 GULF OF MEXICO DR. 3440 GULF OF MEXICO DR. LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2115950 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SMITH, SUSAN 3440 GULF OF MEXICO DR **LONGBOAT KEY FL 33548** Zip Code FL 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. 02-21-02 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 **Department of State** Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition TITLE TITLE VP □ Delete NAME NAME BYDALEK, ED STREET ADDRESS STREET ADDRESS 3440 GULF OF MEXICO CITY-ST-ZIP CITY-ST-ZIP <u>Longboat key fl 34228</u> ☐ Addition Change TITLE Delete TITLE NAME NAME DICKERSON, DONALD M STREET ADDRESS STREET ADDRESS 3440 GULF OF MEXICO DR CITY-ST-ZIP CITY-ST-ZIP Longboat key fl 34228 SHEILA CHIPMAN 3440 GULF DE MEXICO ☐ Change Delete. Addition TITLE TITLE rouse, Doreen NAME NAME LONG-BOAT KEY, FL. 34228 STREET ADDRESS STREET ADDRESS 3440 GULF OF MEXICO DR CITY-ST-ZIP CITY-ST-ZIP LONGBOAT KEY FL 34228 ☐ Change ☐ Addition TITLE PD ☐ Delete TITLE NAME GROSS, HORACE NAME STREET ADDRESS 3440-GULF OF MEX DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>Longboat key FL 34228</u> Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME OLIN, RICHARD STREET ADDRESS STREET ADDRESS 3440 GULF OF MEX DR CITY-ST-ZIP CITY-ST-ZIP LONGBOAT KEY FL 34228 Change ☐ Addition ☐ Delete TITLE TITLE SMITH, SUSAN NAME NAME STREET ADDRESS 3440 GULF OF MEXICO DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LONGBOAT KEY FL 34228**

12. I hereby certify that the information supplied with this filling 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:

941 302-

FILED