2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State
01-14-2003 90075 019 ****61.25

DOCUMENT # 755322

1. Entity Name
THE DOCK ON THE BAY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3440 GULF OF MEXICO DR. LONGBOAT KEY FL 34228	3440 GULF OF MEXICO DR. LONGBOAT KEY FL 34228

☐ CHECK HERE IF MAKING CHANGES

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 59-2115950 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, SUSAN 3440 GULF OF MEXICO DR LONGBOAT KEY FL 33548	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BYDALEK, ED 3440 GULF OF MEXICO LONGBOAT KEY FL 34228	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DICKERSON, DONALD M 3440 GULF OF MEXICO DR LONGBOAT KEY FL 34228	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~P~~ PD CHIPMAN, SHEILA 3440 GULF OF MEXICO DR LONGBOAT KEY FL 34228	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GROSS, HORACE 3440 GULF OF MEX DR LONGBOAT KEY FL 34228	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CY ROUSE - D 3440 GULF OF MEXICO LONGBOAT KEY, FL 34228 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLIN, RICHARD 3440 GULF OF MEX DR LONGBOAT KEY FL 34228	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SMITH, SUSAN 3440 GULF OF MEXICO DR LONGBOAT KEY FL 34228	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MIKE RATTRAY - P 3440 GULF OF MEXICO LONGBOAT KEY, FL. 34228 ☐ Change ☑ Addition

CR2E037 (10/02)

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 FAXED 1-7-03 941 383-3716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Telephone Number