FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 10:41

DOCUMENT # 765891 (7)

1. Corporation Name
BLUE DOLPHIN ESTATES ASSOCIATION, INC.

Principal Place of Business
2150 WEST DOLPHIN DRIVE
ENGELWOOD FL 34223

Mailing Address
2110
ENGELWOOD FL 34223
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/29/1982
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-2369612 — Applied For / Not Applicable

2. Principal Place of Business
21 2110 WEST DOLPHIN
22 Suite, Apt. #, etc.
23 City & State: ENGLEWOOD FL
24 Zip: 34223
25 Country: SARASOTA

2a. Mailing Address
26 SAME
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
KINNECOM ANDREW S
2110 W DOLPHIN DR
ENGLEWOOD FL 34223

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Andrew S. Kinnecom — 3/17/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	MARIANI, CATHY	1.2 NAME	KINNECOM, ANDREW	
STREET ADDRESS	3150 W DOLPHIN DR	1.3 STREET ADDRESS	2110 W DOLPHIN DR	
CITY-ST-ZIP	ENGLEWOOD FL	1.4 CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	PASTERNAK, GAY	2.2 NAME	BASETTI, KEVIN	
STREET ADDRESS	2195 W DOLPHIN DR	2.3 STREET ADDRESS	2140 W DOLPHIN DR	
CITY-ST-ZIP	EGLEWOOD FL	2.4 CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	SD	3.1 TITLE	SD / T	☒ Change ☐ Addition
NAME	ARDREY, MARY LOU	3.2 NAME	ABBOTT, CHARLES	
STREET ADDRESS	2155 W DOLPHIN DR	3.3 STREET ADDRESS	2070 E DOLPHIN DR	
CITY-ST-ZIP	ENGLEWOOD FL	3.4 CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	T	4.1 TITLE		☒ Change ☐ Addition
NAME	OHLER, RITA	4.2 NAME		
STREET ADDRESS	2130 W DOLPHIN DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Andrew S. Kinnecom — 3/17/95 — 813-475-8879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

004242