

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

APPROVED
AND
FILED

95 APR -7 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 771279 (7)

1. Corporation Name

DOLLY BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O SEABOARD ARBORS
1700 MCMULLEN BOOTH RD. STE C3
CLEARWATER FL 34621
US

C/O SEABOARD ARBORS
1700 MCMULLEN BOOTH RD. STE C3
CLEARWATER FL 34621
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1983

3a. Date of Last Report

04/19/1994

4. FEI Number

59-2383494

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$0.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

☐

7. Nonprofit with IRS 501(c)(3)

☐

\$68.75 Supplemental
Fee Not Required

Tax Exempt Status

☐

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~HICKS JOYCE M~~
~~1700 MCMULLEN BOOTH RD, STE C-3~~
~~CLEARWATER FL 34619~~

81 Name

LEIGHUN, LENNARD A.

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

1700 MCMULLEN BOOTH RD, SUITE C-3

83

84 City

CLEARWATER

FL

85 Zip Code

34619

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

2/15/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

HENNING, JACK

STREET ADDRESS

2599 DOLLY BAY DR 208

CITY - ST - ZIP

PALM HARBOR FL

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE

~~D~~

NAME

~~CAULEY, TIM~~

STREET ADDRESS

~~2577 DOLLY BAY DR #103~~

CITY - ST - ZIP

~~PALM HARBOR FL~~

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

VP

UBERTY, GALE

2599 DOLLY BAY DR #T301

PALM HARBOR FL

TITLE

~~SD~~

NAME

~~FISHER, CHRIS~~

STREET ADDRESS

~~2500 DOLLY BAY DR T107~~

CITY - ST - ZIP

~~PALM HARBOR FL~~

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

SD

BERRY, JOYCE

2533 DOLLY BAY DR #L301

PALM HARBOR FL

TITLE

TD

NAME

WARNER, JACK

STREET ADDRESS

2577 DOLLY BAY DR S205

CITY - ST - ZIP

PALM HARBOR FL

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE

~~VP~~

NAME

~~STEIN, DIK~~

STREET ADDRESS

~~2500 DOLLY BAY DR #303~~

CITY - ST - ZIP

~~PALM HARBOR FL~~

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

D

CAULEY, TIM

2577 DOLLY BAY DR #103

PALM HARBOR FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 110.07(3)(b), 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 unchanged, or on an attachment with an addition.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack Hennig - President

3/28/95

DATE

Daytime Phone #