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Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 C-3 CLEARWATER FL 34621 US	C/O SEABOARD ARBORS 1700 MCMULLEN BOOTH RD. STE C-3 CLEARWATER FL 34619-2129 US

3. Date Incorporated or Qualified: **11/16/1983**
3a. Date of Last Report: **03/14/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

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

4. FEI Number: **59-2383494** ☐ 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

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

9. Name and Address of Current Registered Agent

LEIGHTON, LENNARD A
1700 MCMULLEN BOOTH RD
SUITE C-3
CLEARWATER FL 34619

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	GARAVANTA, JOANNE		1.2 NAME	BRADLEY, JIM	
STREET ADDRESS	2511 DOLLY BAY DR, D-201		1.3 STREET ADDRESS	2533 DOLLY BAY DRIVE L102	
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VP	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	UBERTI, JACK		2.2 NAME	DALLIS, MIKE	
STREET ADDRESS	2599 DOLLY BAY DR #T301		2.3 STREET ADDRESS	2599 DOLLY BAY DRIVE T102	
CITY-ST-ZIP	PALM HARBOR FL		2.4 CITY-ST-ZIP	PALM HARBOR FL	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	BERRY, JOYCE		3.2 NAME	HERRAN, JEFF	
STREET ADDRESS	2533 DOLLY DAY DR #L301		3.3 STREET ADDRESS	1756 EMERALD DRIVE	
CITY-ST-ZIP	PALM HARBOR FL		3.4 CITY-ST-ZIP	CLEARWATER FL	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BLACK, MILDRED		4.2 NAME		
STREET ADDRESS	2533 DOLLY BAY DR, L102		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: [signature] REQUIRED 2/25/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0067230