

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90042 024 ****61.25

DOCUMENT # 771279

1. Corporation Name

DOLLY BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

**2189 CLEVELAND STREET
SUITE 225
CLEARWATER, FL 33765**

**2189 CLEVELAND STREET
SUITE 225
CLEARWATER, FL 33765**

3. Date Incorporated or Qualified

11/16/1983

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

9. Name and Address of Current Registered Agent

**LENNARD A. LEIGHTON
2189 CLEVELAND STREET
SUITE 225
CLEARWATER, FL 33765**

10. Name and Address of New Registered Agent

**LENNARD A. LEIGHTON
2189 CLEVELAND STREET
SUITE 225
CLEARWATER, FL 33765**

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

Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
BRADLEY, JIM**
STREET ADDRESS **2533 DOLLY BAY DRIVE, L102**
CITY-ST-ZIP **PALM HARBOR FL**

TITLE ☐ DELETE

NAME **VD
DALLAS, MIKE**
STREET ADDRESS **2599 DOLLY BAY DRIVE, T102**
CITY-ST-ZIP **PALM HARBOR FL**

TITLE ☐ DELETE

NAME **SD
HERRAN, JEFF**
STREET ADDRESS **1756 EMERALD DRIVE**
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☒ DELETE

NAME **TD
SCAGNELLI, PAUL**
STREET ADDRESS **2533 DOLLY BAY DR #L305**
CITY-ST-ZIP **PALM HARBOR FL**

TITLE ☒ DELETE

NAME **D
BERNARD, ELISA**
STREET ADDRESS **2830 OAKBRIDGE CT**
CITY-ST-ZIP **PALM HARBOR FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **TD
LUCY VANSTRATT**
4.3 STREET ADDRESS **2533 DOLLY BAY DRIVE L304**
4.4 CITY-ST-ZIP **PALM HARBOR, FL 34684**

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **D
SHARON ASHWORTH**
5.3 STREET ADDRESS **2577 DOLLY BAY DRIVE S-304**
5.4 CITY-ST-ZIP **PALM HARBOR, FL 34684**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037- (11/98)