

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90213 050 ****61.25

DOCUMENT # 771279

1. Entity Name

DOLLY BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2189 CLEVELAND STREET
 SUITE 225
 CLEARWATER FL 33765
 US

Mailing Address

2189 CLEVELAND STREET
 SUITE 225
 CLEARWATER FL 33765-3234
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2383494

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRADLEY, JIM 2533 DOLLY BAY DRIVE, L102 PALM HARBOR FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DALLAS, MIKE 2599 DOLLY BAY DRIVE, T102 PALM HARBOR FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERRAN, JEFF 1756 EMERALD DRIVE CLEARWATER FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VANSTRATT, LUCY 2533 DOLLY BAY DRIVE, L304 PALM HARBOR FL 34684	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASHWORTH, SHARON 2577 DOLLY BAY DRIVE, S-304 PALM HARBOR FL 34684	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DALLIS, BOBBIE 2599 DOLLY BAY DRIVE T-102 PALM HARBOR FL 34684	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change

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 11, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *MICHAEL DALLIS* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/00