


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90363 036 \*\*\*\*61.25

<b>DOCUMENT # 771279</b> 1. Entity Name <b>DOLLY BAY CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1050 A ELW PKWY</b> <b>OLDSMAR, FL 34677 US</b>			Mailing Address <b>1050 A ELW PKWY</b> <b>OLDSMAR, FL 34677 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2383494</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SCANNAVINO, INC</b> <b>1050A ELW PKWY</b> <b>SUITE 225</b> <b>OLDSMAR, FL 34677</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUELLER, LINDA		NAME	ASKINS, COLETTE	
STREET ADDRESS	2577 DOLLY BAY DRIE S-105		STREET ADDRESS	2533 DOLLY BAY DR. # L305	
CITY-ST-ZIP	PALM HARBOR, FL 34684		CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATKINS, ELAINE		NAME	RATLIFF BRAD	
STREET ADDRESS	2577 DOLLY BAY DRIE S-101		STREET ADDRESS	2511 DOLLY BAY DR. # D 203	
CITY-ST-ZIP	PALM HARBOR, FL 34684		CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	HARRIS, GLENN		NAME		
STREET ADDRESS	2577 DOLLY BAY DR #301		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34684		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILDS, KATHRYN		NAME		
STREET ADDRESS	2533 DOLLY BAY DR #203		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34684		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGEE, ROZANNE		NAME		
STREET ADDRESS	2577 DOLLY BAY DR #104		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34684		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Rozanne S. McGee</i> <b>4/13/06</b> <b>727-934-4267</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> <b>ROZANNE S. MCGEE</b>					