2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2008
Secretary of State

DOCUMENT# 771279

Entity Name: DOLLY BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

720 BROOKER CREEK BLVD #206
OLDSMAR, FL 34677 US

New Principal Place of Business:

Current Mailing Address:

5901 US HWY 19
SUITE 7Q
NEW PORT RICHEY, FL 34608 US

New Mailing Address:

FEI Number: 59-2383494 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

QUALIFIED PROPERTY MGMT
5901 US HWY 19
SUITE 7Q
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ASKINS, TERRY
Address: 5901 US HWY 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VD ( ) Delete
Name: RATLIFF, BRAD
Address: 5901 US HWY 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD ( ) Delete
Name: SELL, YVONNE
Address: 5901 US HWY 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD ( ) Delete
Name: POWERS, J.P.
Address: 5901 US HWY 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: PD ( ) Delete
Name: MURDOCK, DICK
Address: 5901 US HWY 19
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MURDOCK, DICK
Address: 5901 US HWY 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD (X) Change ( ) Addition
Name: BOJKE, MIKE
Address: 5901 US HWY 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BLACK, MIKE
Address: 5901 US HWY 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D (X) Change ( ) Addition
Name: DEIARLIS, DAN
Address: 5901 US HWY 19
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY WHITE CEO 03/25/2008

Electronic Signature of Signing Officer or Director — Date